Coding Guidelines - ICD10

Influenza A (H1N1) [Swine Flu]
The appropriate code assignment for this disease, where no manifestations have been identified, is J10.1 Influenza with other respiratory manifestations, influenza virus identified. This code is arrived at by use of the alphabetical index and the full four step coding process:

Swine flu

Index trail for Influenza:
Influenza (specific virus not identified) J11.1
- virus identified J10.1

Tabular List entry:
J10.1 Influenza with other respiratory manifestations,
Influenza virus identified
The correct code to assign is J10.1

If other specific manifestations of the influenza are identified, another 4th digit subcategory from J10.- may be more appropriate.

MRSA 5th Digits
The MRSA Steering Group and the CCRG have decided that there is no further requirement to code 5th digits for MRSA. Information about MRSA is collected at source and is collated and reported nationally (Scotland) by Health Protection Scotland (HPS).

The codes to which this applies are as follows:
A41.0 - Septicaemia due to *staphylococcus aureus*
A49.0 - Staphylococcal infection, unspecified
B95.6 - *Staphylococcus aureus* as the cause of diseases classified to other chapters
G00.3 - Staphylococcal meningitis
J15.2 - Pneumonia due to staphylococcus
L00.X - Staphylococcal scalded skin syndrome
P23.2 - Congenital pneumonia due to staphylococcus
P36.2 - Sepsis of newborn due to *staphylococcus aureus*
Z22.3 - Carrier of other specified bacterial diseases (includes MRSA carrier)

This applies to all discharges on and after 1st October 2009.
Bowel Screening – ICD10 coding
In the Bowel Screening Programme, patients who have a positive Faecal Occult Blood screening result are being called for further examination (colonoscopy). This should be coded to K92.1 (Melaena) in the colonoscopy episode if no further diagnosis is made.

Index trail;
Blood
- in
-- feces (see also Melena) K92.1

Rhabdomyolysis - Index amendment
Rhabdomyolysis is a breakdown of skeletal muscle tissue and may be caused by physical, chemical or biological factors. The code assignment for rhabdomyolysis will depend on the cause of the muscle cell damage.

The World Health Organisation (WHO) has ratified the addition of ‘Rhabdomyolysis (idiopathic) NEC’ to the alphabetical index (ICD-10 Volume 3).

Please annotate the index as follows:
Rhabdomyolysis (idiopathic) NEC M62.8
- traumatic T79.6

Thus rhabdomyolysis, unspecified further or without a known cause, must be coded to M62.8 Other specified disorders of muscle. Traumatic rhabdomyolysis must be coded to T79.6 Traumatic ischaemia of muscle.

Rhabdomyolysis results in the protein myoglobin being released from the damaged muscle cells into tissue fluid and blood. This may result in damage to the kidneys, ranging from myoglobinuria to acute renal failure or nephritis. Renal problems due to non-traumatic rhabdomyolysis should be coded in addition to the rhabdomyolysis.

Renal failure due to traumatic rhabdomyolysis follows the index trail:
Failure, failed
- renal
- - following
- - - crushing T79.5

Leading to the Tabular List entry:
T79.5 Traumatic anuria
Crush syndrome
Renal failure following crushing.
**Presumptive diagnoses**

Unconfirmed conditions are recorded in the source document (case notes or discharge summary) using various terms. This makes coding the conditions very difficult. The table below covers terms dealt with in previous editions of Coding Guidelines plus two new additions, “likely” and “suggestive of”.

<table>
<thead>
<tr>
<th>Term</th>
<th>How to code</th>
<th>Coding Guideline Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possible, suspected, query, ?</td>
<td>Code symptom(s)</td>
<td>CG 1 May 1996</td>
</tr>
<tr>
<td>Probable</td>
<td>Code the condition</td>
<td>CG 1 May 1996</td>
</tr>
<tr>
<td>Presumptive</td>
<td>Code the condition</td>
<td>CQ 5 January 1998</td>
</tr>
<tr>
<td>Consistent with, compatible with, in keeping with</td>
<td>Code the condition</td>
<td>CG 15 November 2004</td>
</tr>
<tr>
<td>Impression of</td>
<td>Code the symptom(s)</td>
<td>CG 23 September 2008</td>
</tr>
<tr>
<td>Likely</td>
<td>Code the condition</td>
<td>CG 24 October 2009</td>
</tr>
<tr>
<td>Suggestive of</td>
<td>Code the symptom(s)</td>
<td>CG 24 October 2009</td>
</tr>
</tbody>
</table>
Coding Guidelines – OPCS4

Botox injections

Botox injection into gastro-oesophageal sphincter
Scotland code to G44.8 + Y38.8.
G44.8 Other specified therapeutic fibreoptic endoscopic operations on upper gastrointestinal tract
Y38.8 Other specified injection of therapeutic substance into organ NOC
(England code to G44.8, X85.1, Z27.1)

N.B. This is a Scottish/English difference

Botox into eyelid
Scotland code to C22.4 Injection into eyelid
(England code to C22.4, X85.1)

N.B. This is a Scottish/English difference

Botox into sweat glands under arm
Scotland code to S53.2 + Z49.2
S53.2 Injection of therapeutic substance into skin
Z49.2 Skin of axilla
(England code to S53.2, X85.1 + site code)

N.B. This is a Scottish/English difference

Botox into anal sphincter
Scotland code to H56.8 + Y38.8
H56.8 Other specified operation on anus
Y38.8 Other specified injection of therapeutic substance into organ NOC
(England code to H56.8, X85.1)

N.B. This is a Scottish/English difference

Botox into muscle
Scotland code to X37.5 + muscle site code
X37.5 Intramuscular injection for local action
(England code to X85.1 + muscle site code)

N.B. This is a Scottish/English difference

Peripheral Stem cell Procedures; amendment to CG No.23 Sept 2008
Please note the following amendment:
Granulocyte colony stimulating factor injection (GCSF)
Code to X38.7 Subcutaneous injection of haematological growth factor
Injection sacroiliac joint
The correct codes for the above procedure are;
W90.3 Injection of therapeutic substance into joint
Z84.1 Sacroiliac joint

(England currently code this procedure to V54.4, V55.1, Z84.1)

N.B. This is a Scottish/English difference
Please amend your OPCS4 Clinical Coding Instruction Manuals, Version 2.0,
Page V-10, Example; L3/4, L4/5 and L5/S1 discography and Lt SIJ (Sacroiliac joint) injection.

Banding of haemorrhoids with sigmoidoscopy and biopsy
When banding of haemorrhoids has been carried out at the same time as a sigmoidoscopy and
biopsy, code as follows;
H52.4 Rubber band ligation of haemorrhoid
H25.1 Diagnostic endoscopic examination of lower bowel and biopsy of lesion of lower bowel using
fibreoptic sigmoidoscope
Z28.6 Sigmoid colon

N.B. Where the type of endoscope has not been stated, the classification defaults to a fibreoptic
category.

Injection into Tendon Sheath
The code T74.4 Injection of therapeutic substance into tendon NEC was added into the OPCS-4.3
revision of the classification. Subsequently, further research and clinical consultation has clarified
that the usual practice is to inject the tendon sheath rather than the tendon itself. However, this
may be documented in the clinical record as either ‘Injection into tendon’ or ‘Injection into tendon
sheath’.
The correct OPCS-4 code to assign when an injection is described as ‘into tendon’ or ‘into tendon
sheath’ is T74.4 Injection of therapeutic substance into tendon NEC.

Pelvic Region Site
The correct site code to assign for the pelvic region where the site is not specified as ‘Bone of
pelvis’ is: Z92.7 Trunk NEC

Bone grafts
There are two new codes in OPCS4.5 to describe bone grafts. These are W32.5 and W32.6.
W32.5 Cancellous chip allograft of bone has an Includes note of: Morcellised allograft of bone.
Cancellous and morcellised allografts are made up of chipped femoral head bones and are
obtained from the bone bank of the National Tissue Service. The femoral head bone is cleaned
of all cartilage and put through a machine where the bone is washed and crushed into very small
pieces.
Cancellous chip or morcellised are synonymous terms, and are often referred to by clinicians as
impaction grafts.
At code W31.4 Cancellous chip autograft of bone, there is a new Includes note;
Includes: Morcellised autograft of bone. This is where the patient’s own bone is used for the graft.
The procedure classified at code W32.6, Bulk allograft of bone, is used in situations of acetabular
deficiency where only part of the femoral head is used as a whole piece and is often fixed with
internal fixation. This is commonly used in conjunction with a support ring as well as internal
fixation (screws).
Aspiration of prosthetic joint

A joint aspiration may be performed for either therapeutic or diagnostic purposes. A sterile needle with an attached syringe is inserted within the joint cavity and fluid is drawn back (aspirated) into the syringe. The correct OPCS-4 code assignment for the aspiration of a joint when the patient has a prosthetic joint replacement in situ is W90.1 Aspiration of joint.

The relevant joint site code must be assigned in addition to W90.1.

(In England the joint site and laterality codes would be added and a code from Y53 Approach to organ under image control would also be assigned if image control was used.)

The presence of the prosthesis may be connected to the need for aspiration; however the aspiration is performed on the cavity of the joint, and does not involve the physical parts of the prosthesis.

An ICD10 code of Z96.9 to indicate presence of artificial joint should be added.

N.B. This is a Scottish/English difference

PLEASE NOTE THAT ALL GUIDANCE IN THIS EDITION APPLIES TO ALL DISCHARGES ON AND AFTER 1ST OCTOBER 2009.

General Information

OPCS4.5

All discharges on and after 1st April 2009 should be coded in OPCS4.5.

Recording activity in Accident and Emergency on inpatient episodes

Please do not record any activity carried out in Accident and Emergency on subsequent inpatient episodes.

PCSMR queries

Queries should be directed as follows;

System-related; Customer Support Desk
Tel. 0131 275 7777.

General queries; Data Monitoring Team, Chris Jones
Tel. 0131 275 6429

General queries, Hospice-related; Data Monitoring Team, Nicola Flood
Tel. 0131 275 6078

National Clinical Coding Qualification (NCCQ)

The next National Clinical Coding Qualification (NCCQ) available for registration is March 2010. Registration for candidates who expect to sit the exam in March 2010 must be completed by 31st December 2009. Information regarding the qualification, registration and study guidelines can be found on the Connecting for Health website;

http://www.connectingforhealth.nhs.uk/systemsandservices/data/clinicalcoding/trainingaccred/accreditation

Prospective candidates can also contact their tutors for advice.
**Move to nhs.net e-mail**

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**Appointment of new Clinical Coding Tutor**

Welcome to Tim Varley who has been appointed Clinical Coding Tutor covering Tayside, Grampian, Highland, Orkney and Shetland.

**DQA News**

The DQA team have completed the SMR02 audit for 9 of the 17 maternity sites involved in the project.