Scottish Clinical Coding Standards

Scottish Clinical Coding Standards ICD-10

Conditions caused by an infectious agent

Update to SCCS14 Apr 17

This standard contained some code sequences which generated validation queries. The standard has now been amended with re-sequenced codes so that the queries do not appear and coding is now as in the examples below.

An infectious condition may be identified by a code for the condition followed by a code from the block B95 - B98 to identify the agent or organism causing the condition.

Example: Cellulitis caused by streptococcus

L03.9 Cellulitis, unspecified

B95.5 Unspecified Streptococcus as the cause of diseases classified to other chapters

Note: It is not appropriate to use a code from another block in Chapter I (e.g. A49.1 Streptococcal and enterococcal infection, unspecified site) in this context.

Example: Staphylococcus aureus infection of stump

T87.4 Infection of amputation stump

Y83.5 Amputation of limb(s) as the cause of later complication

B95.6 Staphylococcus aureus as the cause of diseases classified to other chapters

MRSA (Methicillin resistant staphylococcus aureus)

Update to SCCS14 Apr 17

This standard contained some code sequences which generated validation queries. The standard has now been amended with re-sequenced codes so that the queries do not appear and coding is now as in the examples below.

MRSA infection takes various forms. It is usually found in wound infections, but may be present as sepsis, other generalised infection or a patient may be a carrier of MRSA. These situations are all coded differently, and examples are given below:

1) MRSA infection of surgical wound on abdomen

T81.4 Infection following a procedure, not elsewhere classified

Y83.9 Surgical procedure, unspecified

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B95.6 *Staphylococcus aureus* as the cause of diseases classified to other chapters
(U82.1 Resistance to methicillin)

2) MRSA infection of traumatic wound

T79.3 Post-traumatic wound infection, not elsewhere classified

X59.9 Unspecified accident

B95.6 *Staphylococcus aureus* as the cause of diseases classified to other chapters
(U82.1 Resistance to methicillin)

3) MRSA sepsis

A41.0 Sepsis due to *Staphylococcus aureus*
(U82.1 Resistance to methicillin)

4) MRSA infection

A49.0 Staphylococcal infection, unspecified site
(U82.1 Resistance to methicillin)

5) MRSA positive/carrier

Z22.3 Carrier of other specified bacterial diseases
(U82.1 Resistance to methicillin)

Codes above in brackets ( ) are from Ch XXII – Codes for special purposes. These are optional in Scotland. They do not require to be submitted on SMRs.

**Tako-tsubo cardiomypathy – Scottish 5th digit**

Tako-tsubo (or Takotsubo) cardiomypathy is a condition where the myocardium of the left ventricle weakens and “balloons”, so that its function deteriorates. The condition is often associated with intense emotional or physical stress. It is also known by a number of synonymous terms:

Tako-tsubo (or Takotsubo) syndrome

Acute stress induced cardiomypathy

Stress cardiomypathy

Apical ballooning (syndrome)

Broken heart syndrome

Neither ‘Tako-tsubo cardiomypathy’ nor any of the synonymous terms above can be indexed in ICD10 V5. In the past it has been coded as I42.8 Other cardiomypathies.

As this condition is becoming increasingly recognised, diagnosed and studied, it has become important to be able to code it specifically. This can only be achieved by using a Scottish 5th digit “1” added to I42.8 Other cardiomypathies.

Therefore, Tako-tsubo cardiomypathy - or any of the synonymous terms shown above – should be coded as I42.81.

**Note that there are no other valid 5th digits associated with I42.8.** Any conditions, other than Tako-tsubo cardiomypathy, which are codeable to I42.8 should be recorded just as I42.8.
Use of “Z” codes
Update to CG21 Nov 07 (Addition of category Z12 and removal of code Z30.3)

This document is for guidance of when to use codes from the ICD10 chapter –“Factors influencing health status and contact with health services”. It is not meant to be exhaustive, but concentrates on the codes that have been identified as being poorly recorded in the past. As a general rule, where any of the factors are mentioned on the Discharge Summary, then they should be coded against the episode. Whilst primarily concentrating on the use of these codes on SMR01s, where space allows and information is available, coders should also consider the use of these codes on other SMRs.

Persons encountering health services for examination and investigation. Z00 – Z13

Z03.- Medical observation and evaluation for suspected diseases and conditions

Z04.- Examination and observation for other reasons

Every patient in hospital is observed and examined so it is not normally necessary to code these. However, Z03.- and Z04.- should be used when there is a reason e.g. symptoms, history, for suspecting that the patient may have a condition but after a period of observation there is found to be no condition present.

Examples:
Child found with empty medicine bottle

Z03.6 Observation for suspected toxic effect from ingested substance

A patient was kept in hospital overnight with a minor condition e.g. superficial head injury which would not normally warrant an overnight stay

S00.9 Superficial injury of head, part unspecified

X59.9 Accident NOS

Z04.3 Examination and observation following other accident

Z08.- Follow-up examination after treatment for malignant neoplasms

Z09.- Follow-up examination after treatment for conditions other than malignant neoplasms

The above codes have specific rules regarding sequencing, dependant upon other findings during the episode.

Z11.- Special screening examination for infectious and parasitic diseases

Z12.- Special screening examination for neoplasms

Z13.- Special screening examination for other diseases and disorders

Screening examination codes should be used for elective admissions in main position where the patient currently has no symptoms of a disease but there is reason to suspect they may develop it e.g. strong family history of the disease. This code should be omitted if evidence of the disease is found.

Persons with potential health hazards related to communicable diseases Z20 – Z29


Z22.- Carrier of infectious disease. Where the patient has been identified as a carrier or ‘positive’ in this episode.

Z29.0 Isolation. This code should always be recorded if it has been necessary to isolate the patient.

Persons encountering health services in circumstances related to reproduction Z30 – Z39

Z36.- Antenatal screening.

For use on SMR02s to highlight reason for admission.
Persons encountering health services for specific procedures and health care Z40 – Z54

This block contains many ‘Z’ codes that may be used in the primary position, reflecting the main reason for admission.

Example: Patient admitted for change of colostomy

Z43.3 Attention to colostomy

Z54.- Convalescence. These codes are normally in a secondary or subsequent position to indicate continuing care for a condition, but may be valid as Main Condition. Please refer to CQ2 Feb97 for further information.

Persons with potential health hazards related to socioeconomic and psychosocial circumstances Z55 – Z65

Codes from this block are considered “additional information” and should never appear as “Main Condition”. Only use where the clinician has clearly stated the circumstances within this episode in the patient’s record.

Z60.2 Living alone Record where this factor has affected the patient’s length of stay.

Persons encountering health services in other circumstances Z70 – Z76

Codes from this block are considered “additional information” and should rarely appear as “Main Condition”. Only use where the clinician has clearly stated the circumstances within this episode of the patient’s record.

Z74.- Problems related to care-provider dependency

Z75.- Problems related to medical facilities and other health care

Record where the factor has affected the patient’s length of stay. Particularly important is Z75.1 Person awaiting admission to adequate facility elsewhere.

Z75.5 Holiday relief care.

This code has its own rules. For further information please refer to standards:

Holiday Relief Care (Respite care) Coding on SMR01 SCCS6 July 14

Holiday Relief Care (Respite care) Coding on SMR04 SCCS2 July 13

Persons with potential health hazards related to family and personal history and certain conditions influencing health status Z80 – Z99

Codes from this block are considered “additional information” and should never appear as “Main Condition”, with the exception of Z85.6 Personal history of leukaemia and Z85.7 Personal history of other malignant neoplasms of lymphoid, haematopoietic and related tissues where the condition is in remission.

Z80 – Z84 Family history of diseases

These should be coded if patients are being investigated/treated for suspected cancers, IHD, mental illness etc. Follow the notes against each category to select the appropriate code.

Z85.- Personal history of malignant neoplasm

Only code if relevant to the patient’s current condition:
- if the patient is suspected of having or has been diagnosed with cancer in another part of the body.
- if the patient is admitted with a problem in the part of the body previously affected by cancer.

Z86 - Z87 Personal history of other diseases and conditions

Only assign if relevant to the patient’s current condition e.g. patient has right-sided weakness and had a previous TIA. PH codes should not be added when the patient is treated for a recurrence of the same disease.

N.B. Changes as follows: Category Z12 has been added to this standard and Code Z30.3 has been removed.

This standard supersedes the standard “Use of ‘Z’ codes” CG21 Nov 07
Diseases/Diagnoses “with” other conditions
Update to SCCS2 Jul 13 (Amendment highlighted in red)

When allocating codes for diseases occurring with another, care should be taken that the instructions in the Index and the Tabular are followed correctly.

One of the principles of coding is to use the least number of codes to accurately describe the condition. Often the index will link two conditions together where they co-exist whether or not the link has been made by the clinician.

This is shown by the index trail ‘with’.

Patient has laryngitis and flu.

Trail;

Laryngitis (acute) (edematous) (subglottic) (suppurative) (ulcerative) J04.0
- with
- - influenza, flu, or grippe (see also Influenza, with, respiratory manifestations) J11.1

Also;

Influenza (specific virus not identified) J11.1
- with
- - laryngitis J11.1

This leads the coder to use only J11.1, not J04.0 plus J11.1

The Tabular supports this with an exclusion of J11.1 at J04.0.

Please note this is not the same as when clinicians make the link between two conditions e.g. diabetes and retinopathy. These are recorded as separate conditions unless the clinician states that one condition causes or is due to the other, in which case the index will lead the coder to a Dagger/Asterisk pair through the term ‘In (due to)’. These two terms are used interchangeably in ICD but for the purposes of ease of understanding, it is preferable to think of it as one condition due to the other and only where this is clearly indicated would the Dagger/Asterisk pair be selected.

This standard supersedes the standard “Diseases/diagnoses “with” other conditions”, SCCS2 July 2013.

General Information

Certificate of Technical Competence in Clinical Coding (Scotland)

Terminology Services are pleased to announce the Certificate of Technical Competence (CTC) in Clinical Coding was recently launched, following the successful pilot of the process in Ayrshire and Arran.

Two candidates were awarded the CTC after some months of hard work, study and training with support from their supervisors and managers.

Any clinical coder interested in working towards the CTC should, in the first instance, discuss with their supervisor/manager. We recommend that new starts coming in to Clinical Coding use the framework and supporting documentation to help in the early stages of their induction and training. Creating a Portfolio as they work through their local training programme, attending the Clinical Coding Foundation course, coders are then well on the way to providing the evidence required to show the Assessors what – and how – they have learned in their time in the clinical coding department.

Information regarding the process, framework and syllabus can be found on our Terminology Services Advice and Support page http://www.isdscotland.org/Products-and-Services/Terminology-Services/Terminology-Advice-and-Support/
Below is a photo of Ann Combe and Barbara Traynor, Ayrshire and Arran Health Board, who were the first two successful candidates to gain the CTC in Clinical Coding. The assessors were Linda McMillan, Highland Health Board and Liz Williamson, ISD.

Staff changes in Terminology Services

Some of you may already know that clinical coding tutor Liz Williamson will be leaving us soon. Liz has worked tirelessly for ISD as a coding tutor since 1995 and her departure will be a great loss to our team, to ISD and to her coding, health records and clinical colleagues. We wish Liz all the very best for the new chapter in her life and I know that her wide interests (which include playing international level hockey) will definitely be keeping her fully occupied.

Our good news is that Graeme Elsby (formerly of NHS Fife) has been successful in his application for the vacant coding tutor post. Graeme comes from a coding background and has recently also been leading a Trakcare migration team in Fife. Please give Graeme a warm welcome if you encounter him on the helpdesk or in training sessions. Graeme will be joining fellow coding tutors Abigail Hewitt, Lynsey Conroy, Julia Ewen, Tim Varley and Murray Bell. We will be reviewing our coding tutor regional responsibilities over the coming months and will inform you of any changes.
OPCS4.8 Books
There have been complaints about the quality of the OPCS4.8 books, in particular the Tabular. The front and back covers are falling off already.

NHS Digital have arranged with The Stationery Office to use better glue on the reprints and have negotiated that faulty goods may be returned for a refund or replacements can be sent out instead.

If you want to take up either of these options, please contact TSO directly to discuss and arrange:

Call: +44 (0)333 202 5070
Email: services@tso.co.uk

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