ICD10 CLINICAL CODING GUIDELINES

Unconfirmed conditions

Unconfirmed conditions may be recorded in the source document (discharge summary or case notes) using various terms, such as “possible”, “suspected”, “probable” or “?”. This practice makes coding the condition very difficult. Guidelines for dealing with this situation have been drawn up and agreed by the Clinical Coding Review Group, as follows -

In the first instance, the clinician who provided the information should be contacted in an attempt to confirm the diagnosis. If this is impossible, then follow one of the two routes below:

Where the term “probable” is used, code the condition
Example -
probable asthma code asthma

Where the terms “possible”, “suspected”, “query” or “?” are used, code the recorded symptom(s) of the suspected condition
Example -
breathlessness, possible asthma code breathlessness

Poisoning - intentional self-harm or accidental?

Various terms may be used in the source document to record a poisoning. Very often it has not been stated whether or not the poisoning was accidental or intentional self-harm, and this information is required in order to allocate the correct external cause code.
The general guideline is, as always, to try and obtain the missing information from the clinician who completed the source document. Where this is not possible, follow these guidelines:

“Overdose” or “self-poisoning” has been recorded -

it is not stated as self-inflicted, deliberate or accidental - code as accidental

it is qualified as self-inflicted, manipulative, parasuicide, attempted suicide, failed suicide attempt or cry for help - code as intentional self-harm

Note: These guidelines apply regardless of the age of the patient
**Dagger and asterisk coding**

In ICD10 there are asterisk codes for which no dagger codes are specified in either the Tabular List or the Index. They can be used only when the clinician has stated a cause and effect relationship between the one of these conditions and an underlying cause.

If any of these codes are used to create a dagger and asterisk pair, approval for use of the code pair must be sought from the Scottish Clinical Coding Centre (SCCC). This allows the SCCC to monitor the use of these codes, and also to ensure the SMR data validation will be amended in order to allow the use of the pair. Currently, only dagger and asterisk pairs given in the ICD10 Tabular List or the Index can be accepted without raising any query/error message.

If you wish to make a dagger and asterisk code pair using one of these codes, please contact the SCCC. The code pair will be discussed with the Medical Adviser at the SCCC and you will be notified when it has been approved for use. There will be a time delay between your request for approval and the validation accepting the pair. You will be notified of the date when the software will be updated to include the pair, and the codes to use in the interim.

**Postprocedural disorders**

Postprocedural disorders are conditions resulting from surgical or medical procedures. The principle is to use codes which provide the most accurate clinical picture. This usually involves selecting a code for the condition being treated followed by the appropriate external cause code (Y83.- or Y84.-). This provides greater accuracy than using the codes for post-procedural disorders given at the end of each body system chapter. However, in some cases, a specific post-procedural condition may be listed in the Index and have its own individual code.

Examples:

1) **Post-op pneumonia**
   
   J18.9  Pneumonia, unspecified  
   Y83.9  Surgical procedure, unspecified, as the cause of abnormal reaction....

2) **Ovarian failure following radiotherapy**
   
   E89.4  Post-procedural ovarian failure  
   Y84.2  Radiological procedure and radiotherapy as the cause of abnormal....

3) **Acute cystitis as a result of urinary catheterisation**
   
   N30.0  Acute cystitis  
   Y84.6  Urinary catheterisation as the cause of abnormal reaction....

4) **Postcholecystectomy syndrome**
   
   K91.5  Postcholecystectomy syndrome
Alcohol-related conditions

A patient is admitted to hospital in a state of drunkenness. This may be following an accident, he/she may have been found unconscious and brought in by the police or another person, or the patient may be a child or adolescent found drunk and admitted for observation. These situations should be coded as follows:

1) A child/adolescent has been found drunk, brought in to A&E, then admitted for observation overnight.
   F10.0 Mental and behavioural disorders due to alcohol, acute intoxication
   Z03.6 Observation for suspected toxic effect from ingested substance

2) Patient admitted with a head injury - drunk
   S09.9 Unspecified injury of head
   X59.9 Unspecified accident
   F10.0 Mental and behavioural disorders due to alcohol, acute intoxication

3) Patient admitted with a head injury - smelling of alcohol
   S09.9 Unspecified injury of head
   X59.9 Unspecified accident
   Y91.9 Alcohol involvement, not otherwise specified

Conditions in pregnancy

A pregnant woman is admitted for treatment of a condition which may or may not be directly related to her pregnancy. If the patient is treated in a non-obstetrics specialty (eg. General Medicine) and a SMR01 is completed how is the condition coded?

Code the condition in the usual way and follow it with an additional code from Chapter XV to identify that the woman is pregnant and this is a factor affecting her care. For example:

1) Unstable insulin-dependent diabetes mellitus in pregnant patient
   E10.9 Insulin-dependent diabetes mellitus
   O24.0 Pre-existing diabetes mellitus, insulin-dependent

2) Acute viral hepatitis, patient pregnant
   B19.9 Viral hepatitis NOS
   O98.4 Viral hepatitis complicating pregnancy, childbirth and the puerperium

The code Z33 Pregnant state, incidental should only be used when the pregnancy is truly incidental and of no relevance to the woman’s care or condition. For example:

Ingrowing toenail, patient pregnant
   L60.0 Ingrowing nail
   Z33.X Pregnant state, incidental
MRSA (Methicillin resistant staphylococcus aureus)

MRSA infection takes various forms. It is usually found in wound infections, but may be present as septicaemia, 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
   - B95.6 Staphylococcus aureus as the cause of diseases classified to other chapters

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

3) **MRSA septicaemia**
   - A41.0 Septicaemia due to Staphylococcus aureus

4) **MRSA infection**
   - A49.0 Staphylococcal infection, unspecified

5) **MRSA positive/carrier**
   - Z22.3 Carrier of other specified bacterial diseases

Helicobacter pylori infection

Helicobacter pylori is a bacterium which can be found in the mucus lining the oesophagus, stomach and duodenum. It is believed to be hazardous to health and may contribute to a chronic condition, such as gastritis or peptic ulcer disease. The way some of these conditions are coded are given below:

1) **Helicobacter infection**
   - A48.8 Other specified bacterial diseases

2) **Helicobacter associated chronic superficial gastritis**
   - K29.3 Chronic superficial gastritis
   - B96.8 Other specified bacterial agents as the cause of diseases classified to other chapters

3) **Helicobacter associated peptic ulceration**
   - K27.9 Peptic ulcer, site unspecified
   - B96.8 Other specified bacterial agents as the cause of diseases classified to other chapters