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

Z41.1 Other Plastic Surgery for Unacceptable Cosmetic Appearance.
Clarification has been requested on the correct position of Z41.1. The guidance is that if the underlying condition is known and is a medical problem then this should be in main condition followed by Z41.1 – see the examples below:

Striae Atrophicae admitted for abdominoplasty.
Code: L90.6 Striae Atrophicae
Z41.1 Other Plastic Surgery for Unacceptable Cosmetic Appearance

Patient admitted for breast reduction and is stated to have hypertrophic mammary glands. Code: N62.X Hypertrophy of Breast
Z41.1 Other Plastic Surgery for Unacceptable Cosmetic Appearance

Where the clinical statement simply identifies the fact that the patient has an unacceptable cosmetic appearance, and attempts to clarify this with the clinician have failed then the coder can use the Z41.1 as Main Condition.

Patient admitted for breast augmentation and no mention is made of an underlying condition. Code: Z41.1 Other Plastic Surgery for Unacceptable Cosmetic Appearance.
No other code is required

Juvenile/Senile Cataracts
Clarification has been requested regarding the coding of cataracts, specifically ‘Juvenile’ and ‘Senile’ cataracts.

ICD10 Index indicates as follows:-

<table>
<thead>
<tr>
<th>Cataract</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Juvenile</td>
<td>H26.0</td>
</tr>
<tr>
<td>- Senile</td>
<td>H25.9</td>
</tr>
<tr>
<td>Cataract (unspecified)</td>
<td>H26.9</td>
</tr>
</tbody>
</table>

ICD10 Tabular describes

- H26.0 Infantile, juvenile and presenile cataract
- H25.9 Senile cataract, unspecified
- H26.9 Cataract, unspecified

Therefore ‘Juvenile’ and ‘Senile’ are essential modifiers. Cataracts should be coded according to the clinical statement. Please do not apply codes depending on the ‘age’ of the patient.

Cardiac Arrest
If clinicians wish to record cardiac arrest, I46.0 should be used where an arrest took place and the patient was resuscitated. I46.1 should only be used where there was ‘Sudden cardiac death’ recorded, and I46.9 may be used in those instances where the term ‘cardiac arrest’ was used but no further information is given.
Carrier of Viral Hepatitis
Z22.5 - Carrier of viral hepatitis is the correct code for patients described as:
A ‘carrier’ of any viral hepatitis including both the Hepatitis B and Hepatitis C viruses ‘positive’ for
one or more of these viruses e.g. ‘Hepatitis C positive’
Coders should ensure that the patient is NOT being actively treated for acute or chronic viral
Hepatitis, where the correct codes would be in the block B15 - B19.

Undetermined Intent
External Cause codes indicate whether an injury or poisoning was accidental or deliberate self-harm.
There is an additional category for those incidents that lead to the death of the patient, but where the
intent was not known. These codes should only be used where the Procurator Fiscal has stated at an
inquiry into a death, that the death was of ‘undetermined intent’.
In the absence of a clinician’s decision, where there is doubt as to whether an incident was accidental
or caused by deliberate self harm, then the external cause code should indicate ‘accidental’.

Cause of Death
Coders should note that the cause of death of a patient would not always be considered as the main
condition.
The main condition is defined as the condition, diagnosed at the end of the episode of health care,
primarily responsible for the patient’s need for treatment or investigation. (See 4-10 of the SMR
Data Manual for full definition).
Therefore the primary condition treated during the patient’s stay should ALWAYS be in the main
position. The cause of death may be added in a subsequent position, if it is not the primary condition.

Chronic schizophrenia
It should be noted that when trying to code ‘Chronic Schizophrenia’ the coder is led to Schizophrenia
- Chronic undifferentiated F20.5

It has been agreed that the preferred code for ‘Chronic Schizophrenia’ is F20.5 and an index change
has been requested.

History of TCC bladder
Further to our advice in Coding Guidelines 8 (February 2001) to code Transitional Cell Carcinoma
(TCC) of the bladder to D41.4 - Neoplasm of uncertain or unknown behaviour of bladder, coders
should note that history of TCC may now be coded to Z86.0 - Personal History of other neoplasm’s or
Z85.5 - Personal History of malignant neoplasm of urinary tract, depending on histological
information with Z86.0 being the default code if histology is not available.

CODING GUIDELINES - OPCS4

Correction to article Snare resection of polyps
In Coding Guidelines 9, July 2001 there was an article on snare resection of polyps from both sigmoid
and rectum. While the point of this article was correct i.e. site codes of .8 could signify multiple sites,
the article should have referred to a flexible sigmoidoscopy rather than a colonoscopy.
Secondary Reductions
In the OPCS4 classification, the term 'secondary' is used to denote later or repeated treatment when the primary treatment proved ineffective. The second procedure may be the same or differ from the original procedure.

Example 1
An open reduction of a fractured ulna with extramedullary fixation was performed. The fracture did not heal and the procedure was repeated.
Code the final operation to:
W23.2 Secondary open reduction of fracture of bone and extramedullary fixation hfq
Z71.2 Shaft of ulna nec

Example 2
A closed reduction of a fractured ulna with extramedullary fixation was performed. The procedure was not effective and an open reduction was performed.
Code the final operation again to:
W23.2 Secondary open reduction of fracture of bone and extramedullary fixation hfq
Z71.2 Shaft of ulna nec

Example 3
Manipulation of fractured radius performed. Patient re-admitted because of loss of alignment. Had an open reduction and internal fixation of fracture radius using plate.
Code as:
W23.2 Secondary open reduction of fracture of bone and extramedullary fixation hfq Z70.- Radius

Please note that the application of a plaster cast is considered to be a form of primary reduction, so any further treatment would be coded as secondary.

GENERAL INFORMATION

ICD10 coding Books - Discrepancies
Please be aware that there are discrepancies in the ICD10 coding books that have been purchased in the last few years.

Volume 3 (Index) contains codes that do not appear in Volume 1 (Tabular listing of codes). The Clinical Coding Tutors identified this during recent training sessions where trust staff brought along recently purchased ICD10 books. This has probably already been discovered by coding staff in trusts where ICD10 books have recently been purchased. However, it is worth noting that the codes appearing in the index volume and not in the tabular volume will not be accepted in validation at ISD.

This matter has been referred to the UK Coding Review Panel and has been raised with the World Health Organisation (the authors of the ICD publications) for comment, clarification and resolution. You will be informed of any developments.

Any further queries should be referred to the Coding Advisory Service (0131 552 7325) or Catrina Cameron (tel: 0131 551 8360 or email: catrina.cameron@isd.csa.scot.nhs.uk)

Baby boy for Esther
Esther Morris, Coding tutor, had a baby boy in June. His name is Gregor and mother and baby are doing well.
E-mail address
Please remember that sites may choose to receive their copy of Coding Guidelines by e-mail instead of a paper copy. To register for this service, please contact: 
Diane.Dalgity@isd.csa.scot.nhs.uk
Giving the contact name for your trust and the e-mail address at which you would like to receive future copies.

The National Clinical Coding Qualification (UK)
The Institute of Health Record Information & Management (IHRIM), who administers the exam and makes the awards, has managed this qualification since May 1999. The qualification has been developed in collaboration with the NHSIA, NHS Cymru, Health Executive (Northern Ireland) and NHS Scotland.

There are benefits in a qualification for clinical coders including recognition of clinical coding skills.

The papers are set by the NHS Information Authority Examination Board. Those passing the exam are awarded Accredited Clinical Coding (ACC) status by IHRIM.

There have been several adjustments to the format of the paper that have resulted in an annual exam with two papers. Anyone failing a paper requires to wait until the following year to re-sit.

The format is now as follows;

**Paper 1** 3-hour paper on practical coding

<table>
<thead>
<tr>
<th>Section</th>
<th>Type</th>
<th>Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>30 quick questions</td>
<td>30% of the marks</td>
</tr>
<tr>
<td>B</td>
<td>7 compulsory case studies</td>
<td>70% of the marks</td>
</tr>
</tbody>
</table>

A complete index trail is required for the first case study.

**Paper 2** 3-hour theory paper

<table>
<thead>
<tr>
<th>Section</th>
<th>Type</th>
<th>Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>20 compulsory short questions</td>
<td>20% of the marks</td>
</tr>
<tr>
<td></td>
<td>On ICD10, OPCS-4, Clinical Terms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>And other issues related to clinical coding</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Longer theory questions on ICD-10,OPCS-4, Clinical Terms and other issues related to clinical coding</td>
<td>45% of the marks</td>
</tr>
<tr>
<td>E</td>
<td>Anatomy and Physiology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical Terminology and Diagrams</td>
<td>35% of the marks</td>
</tr>
</tbody>
</table>

The exam is held in May of each year, with a recommended study term of 30 weeks. This implies commencing in September of the previous year. Early registration is recommended in order that students can receive the full syllabus, bibliography and study pack and be kept up-to-date with any changes.

Scottish clinical coding staff participation has not been high although interest in the exam has increased throughout the UK, particularly in England. A previous option of submitting a portfolio in addition to passing the previous IHRIM Coding Qualification is no longer available.

More information on the background of the exam, the syllabus and details of how to apply for a registration pack can be found on the NHSIA website; [www.nhsia.nhs.uk/dataquality/](http://www.nhsia.nhs.uk/dataquality/)

If you are considering taking the exam please contact your line manager who can discuss it with one of the Clinical Coding Tutors by contacting the Coding Advisory Service.
DQA News

SMR01
The current SMR01 project is progressing well. All hospitals included (those with discharges of over 3,500 a year) will be visited by December. The Scotland report will be completed by the end of March 2003. Preliminary results for the 22 finalised hospitals show that the accuracy of Main Condition and Main Operation have dropped by 0.2% and 2.1%. However, as these rates are only based on the 22 finalised hospitals this may account for the drop in accuracy.

Of all the errors in Other Conditions 67% were due to the non-recording of co-morbidities or factors which influence health status and contact with health service. The top 5 omitted co-morbidities are listed below;
   I10 Essential Hypertension
   I25 Chronic Ischaemic Heart Disease
   J45 Asthma
   I20 Angina
   E10-E14 Diabetes Mellitus
Many of these errors are due to the information not being available to coding staff at the time the patient's stay was clinically coded.

Staff Changes
Alan Kerr joined the Team in April. He joins us from the Information Department at Highland Health Board.
Iain Schreuder also joined the team in August. Iain was previously working on Delayed Discharges at ISD.