CODING GUIDELINES

No. 13
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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.

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Coding Guidelines - ICD10

Allergies
Questions have been raised about whether it is necessary to code allergies (e.g., penicillin allergy). It has been decided that if the allergy is mentioned in the text of the discharge summary or listed as a diagnosis, it should be coded.

Past History in a recurrence of the same condition
We have been asked whether past history should be coded if a condition, which was thought to be eradicated, recurs (e.g., breast cancer). It was felt that coding past history did not add anything and should be dropped. Analysis is now done on linked files, which means that past history is picked up.

Acute Asthma
Please note that Acute Asthma without further specification is coded to J45.9. The code J46.X is Status asthmaticus or Acute severe asthma. The word ‘severe’ is an essential modifier.

Musculoskeletal Chest Pain
The term musculoskeletal chest pain is coded to R07.3 – Other chest pain

Angina with Ischaemic Heart Disease
If a patient has Angina and Ischaemic heart disease, both should be coded.

Triple Vessel Disease
In the past, advice may have been given to individual sites to code Triple Vessel Disease to I25.0 - Atherosclerotic cardiovascular disease, so described. This has been checked at national level and all sites should be aware that the correct code for this disease is I25.1 - Atherosclerotic heart disease

Coding Guidelines - OPCS4

Hysteroscopy and D&C
It has been brought to our attention that clinicians are carrying out biopsy of uterus using a hysteroscope and calling the procedure ‘hysteroscopy and D&C’. However, the full dilation and curettage of the womb is still sometimes done. It is important to distinguish between the two procedures, which are very different in terms of equipment, staff training, and cost. Coders should discuss this article with their clinicians and ask them to ensure that it is always made clear in the operation notes which type of D&C procedure has been performed. Where no further information is available the default code for hysteroscopy and D&C will continue to be:

- Q10.3 – Dilation of cervix uteri and curettage of uterus nec
- Q18.9 – hysteroscopy nec
Scans, blood transfusions, IV fluids, injections
These procedures should always be coded if they are mentioned on the discharge summary. Please remind clinicians that there are codes in OPCS4 for these procedures and that they should be included on the discharge summary if they want them to be recorded

IV Fluids
The statement 'IV fluids given', where no further information as to what the fluids were, should be coded to X29.9 - Continuous infusion of therapeutic substance, unspecified.
IV fluids usually, but not always, consist of dextrose and/or saline, therefore it is safer to default to 'unspecified'

Metal-on-metal (MoM) hip resurfacing arthroplasty
This procedure is emerging as an alternative to conventional total hip replacement (THR) for certain patients with advanced hip disease. Candidates for MoM hip resurfacing will usually be amongst the younger and more active of such patients, who would be likely to outlive the expected lifespan of a conventional hip prosthesis.

Unlike a THR, the MoM resurfacing procedure conserves the femoral head and neck, the shaped femoral head being fitted with a metal surface and the acetabulum being lined with a metal cup. This technique leaves open the option of subsequent revision to THR.

The OPCS4 coding for a metal-on-metal hip resurfacing arthroplasty is

\[ W58.1 \text{ Primary resurfacing arthroplasty of joint} \]
\[ Z84.3 \text{ Hip Joint} \]

This guidance supersedes any previous guidance given on the coding of MoM hip resurfacing arthroplasty.

Note: This procedure should not be confused with metal-on-metal total hip replacement.

General Information

SMR02 Training
The recommendations of the SMR02 Review Group are to be implemented between October, 2002 and March, 2003. Tutors are prepared to train sites on the new data items/ validation etc. This will take approximately 2 hours. Please contact your clinical coding tutor to arrange training before your site goes live with the new dataset.
DQA News

SMR01 Quality Project
We are now nearing the end of this project and we would like to thank all trusts that have been involved so far for their hard work and cooperation. A Scotland report will be issued in April 2003.

Clinical Priorities and Outcomes
Assessment visits for this project have started, 5 hospitals are included in the project.

Staff Changes
We would like to wish Sarah Paton good luck in her new role as Data Development Officer and thank her for all her hard work over the years.

We also would like to welcome Stephen Bush and Karen Heatlie who joined the team in the autumn.