CODING GUIDELINES

No. 17
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Please note that the Coding Advisory Service Telephone Number is 0131-275-7283.
The number is manned Tuesday to Thursday from 09.00 to 17.00 hrs.
The link for previous coding guidelines on line is:
http://www.isdscotland.org/clinical_coding

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Coding Guidelines - ICD10

Old stroke
The index entry for old stroke may be misleading. The trail Accident
cerebrovascular
- old I69.4
leads the coder to a sequelae code. While this is the correct code if late effects of a stroke have been mentioned eg hemiplegia, sequelae codes have an implied connection to the preceding code(s) and so should not be used in isolation. It may be more appropriate to use a history code
Examples:
1. Hemiplegia due to stroke 2 years ago. Code to:
   G81.9 – hemiplegia, unspecified
   I69.4 – sequelae of stroke, not specified as haemorrhage or infarction
2. Myocardial infarction
   Stroke 2 years ago
   Code to:
   I21.9 – acute myocardial infarction, unspecified
   Z86.7 – Personal history of diseases of the circulatory system

There also appears to be a common misconception that a previous disease must have happened over a year ago for a current condition to be a sequelae of it. This is not the case. Volume 2 of ICD10 p 104 states:
‘Note it is sufficient that the causal condition is described as ‘old’, ‘no longer present’. etc or the resulting condition is described as ‘late effect of’ or ‘sequelae of…’ for this to apply. There is no minimum time interval.

Measles with febrile convulsion
In a diagnosis of measles with febrile convulsion, is the convulsion considered a complication of the measles and assigned to the subdivision B05.8, or to B05.9 without complication, when the febrile convulsion R56.0 would also be recorded?

Answer: convulsion is a symptom not complication of any febrile condition not just measles. Therefore the correct codes and sequence are:
   B05.9 Measles without complication
   R56.0 Febrile convulsions

Repetitive strain injury
Where there is no further information about the nature of the injury, the correct ICD10 code for repetitive strain injury is:
   M70.8 – Other soft tissue disorders related to use, overuse and pressure
If repetitive strain injury is said to be work related, the code
   Z56.6 – Other physical and mental strain related to work
should also be added
Necrotising fasciitis
The correct codes for necrotising fasciitis are
M72.5 – Fasciitis, not elsewhere classified (with 5th digit for site)
R02.X – Gangrene, not elsewhere classified
If the infection causing the fasciitis is known, an appropriate supplementary code from B95.- to B97.- should be added.

MCAD deficiency
MCAD deficiency refers to Medium Chain Acyl CoA Dehydrogenase Deficiency. It is a disorder of fatty acid oxidation.
Index entry
Disorder
- fatty acid metabolism E71.3
The correct code assignment is E71.3 – Disorders of fatty-acid metabolism

Prostatic intraepithelial neoplasia, grade III (PIN III) / High grade glandular intraepithelial neoplasia of the prostate (HGIN)
Carcinoma-in-situ of the prostate has generally been replaced by the expression ‘high grade intraepithelia neoplasia of the prostate’. The correct ICD10 code to assign for this diagnosis is D07.5 – Carcinoma in situ prostate
In cases where there is a system of grading intraepithelial neoplasia (eg cervix, vulva and vagina), all high grade or grade III descriptions are classified as in-situ neoplasms.
Grade I and grade II prostatic intraepithelial neoplasia should be coded to N42.8 – Other specified disorders of prostate

Hospital acquired infections (HAI)
There is much publicity and concern about hospital acquired infection, and tackling infections is a priority within the NHS.
The dictionary definition for nosocomial is ‘pertaining to or originating in the hospital’
If the record states a diagnosis of a hospital-acquired infection, there is a specific external cause code for nosocomial conditions within the ICD10 classification.
If confirmed, the nosocomial code:
Y95 – Nosocomial condition
would be assigned as an additional code following the type of infection.
For example: MRSA infection, clinician confirms hospital acquired. Code:
A49.0 – Staphylococcal infection, unspecified
Y95.X – Nosocomial condition

Acquired absence of breast
Where a patient has previously had a breast removed, the code Z90.1 – Acquired Absence of Breast should be added in appropriate episodes. For example, where a mastectomy was carried out for removal of neoplasm and the patient is now admitted for investigation of breast mass.
Face to pubes presentation
Coding Guidelines 5, January 2000 indicated that indexes should be changed for this entry. Please note that this amendment is missing from the new index, so it will be necessary for those coders with new indexes to re-enter the change previously advised. Please amend your index for Presentation, fetal
- face (mother)
- to pubes O32.3 O32.8

Infections
Coders have difficulty when coding certain bacterial infections as to whether they should code to the infection or carrier status. The same expression can lead to different coding for different bacteria eg Helicobacter positive indicates a Helicobacter infection whereas MRSA positive would be coded to the carrier status.

Below is a table with some of the more common infections and the expressions coders may be given. Where there are blanks, the expression is not applicable to that infection.

<table>
<thead>
<tr>
<th>Infection</th>
<th>+ve</th>
<th>Colonised with</th>
<th>Present in nasal swab</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA</td>
<td>Carrier Z22.3</td>
<td>Carrier Z22.3</td>
<td>Carrier Z22.3</td>
</tr>
<tr>
<td>Helicobacter</td>
<td>Infection A04.8</td>
<td>Carrier Z22.3</td>
<td>Carrier Z22.3</td>
</tr>
<tr>
<td>Strep B</td>
<td>Carrier Z22.3</td>
<td>Carrier Z22.3</td>
<td>Carrier Z22.3</td>
</tr>
<tr>
<td>HepB</td>
<td>Carrier Z22.5</td>
<td>Carrier Z22.3</td>
<td>Carrier Z22.3</td>
</tr>
<tr>
<td>Hep C</td>
<td>Carrier Z22.5</td>
<td>Carrier Z22.3</td>
<td></td>
</tr>
<tr>
<td>VRE</td>
<td>Carrier Z22.3</td>
<td>Carrier Z22.3</td>
<td>Arithmetic inaccuracy</td>
</tr>
</tbody>
</table>

Coders should not make any assumptions of the current status of a patient who has had a bacterial infection at some time in the past. Current laboratory reports should always be consulted.

Raised PSA
In Coding Guidelines 8 (February 2001), guidance was published to code raised PSA to R76.8 – Other specified abnormal immunological findings in serum. Recent training material from England gives the advice to code raised PSA to R79.8 – Other specified abnormal findings of blood chemistry. In the interests of consistency with England, our clinicians have decided to agree to this code.

This guidance takes effect from 1st April 2006

Spiked drink
Coders should note in their books the correct external cause code to assign to a patient admitted with a poisoning due to ‘spiked’ drink, i.e.
X85.-. Assault by drugs, medicaments and biological substances
**Jittery baby**
It has been agreed that the correct code for Jittery baby is:
R25.8 – Other and unspecified abnormal involuntary movements

**Primary pulmonary hypertension**
Primary pulmonary hypertension is a rare and lethal condition that typically affects young women but can affect others. The clinician should record "Primary pulmonary hypertension" as the diagnosis. Unless the word "Primary" is included in the description the condition is unlikely to be Primary pulmonary hypertension.

Secondary pulmonary hypertension is not uncommon. It complicates a range of diseases, most commonly chronic lung disease such as emphysema, chronic bronchitis or chronic obstructive airways disease (COAD). Less often it occurs as a complication of congenital heart disease. Because it is not uncommon, clinicians may record secondary pulmonary hypertension simply as "pulmonary hypertension". "Pulmonary hypertension" should not be recorded as "Primary pulmonary hypertension" without clarification from the clinician preparing the discharge summary.

**Leg ulcer with infection**
If a diagnosis of leg ulcer with infection is given and the infection is known, an appropriate code from B95.- to B97.- should be added to the code for the ulcer. However if infection has been mentioned without stating the organism causing it, coders should add the following code to the code for leg ulcer:
L08.9 - Other specified local infection of skin and subcutaneous tissue

Examples
1. Leg ulcer with MRSA infection. Code:
   L97.X – Ulcer of lower limb, not elsewhere classified
   B95.6 – Staphylococcus aureus as the cause of diseases classified to other chapters

2. Leg ulcer with infection. Code
   L97.X – Ulcer of lower limb, not elsewhere classified
   L08.9 - Other specified local infection of skin and subcutaneous tissue

**Coding Guidelines - OPCS4**
Please note that it has been decided to hold over most OPCS4 decisions until the new version, OPCS4.3 is published.

**Laparoscopy and dye test**
Laparoscopy and dye test are both diagnostic procedures. If a laparoscopy and dye test is done, code to Q41.3 + either Q39.9 if the laparoscopy is only of fallopian tube or T43.9 if with a full laparoscopy. This advice replaces any previously given.

This guidance takes effect from 1st April, 2006
General Information

Validation errors/ queries
When contacting the helpdesk because of difficulty in validating records, please have the validation error or query number to hand. This number enables us to establish the source of the problem more quickly.

Distribution list for Coding Guidelines
When we sent out the last issue of the Coding Guidelines, we asked all recipients to acknowledge that they had received it. Now that we are sending almost all by e-mail, it is important to us that we have the correct person and e-mail address.
After reminders we did get acknowledgement from most of the recipients and have updated our mailing list where requested.
It is difficult to check that the Coding Guidelines are being received, and then correctly distributed to all coders. You should be aware that all Coding Guidelines are published on our web site, so if you suspect that you have missed an issue, you should check this site.
The link to the site is: http://www.isdscotland.org/clinical_coding

If the contact person for receiving Coding Guidelines changes, please let you tutor know and they will amend the mailing list.

NHSIA helpdesk
It has been brought to our attention that one or two coders have contacted the NHSIA helpdesk for help with coding queries. Scottish coders should always contact the Coding Advisory Service for all coding help, as advice may differ in England.

Codes for central returns
Coders may be able to enter into their local systems many more codes than are actually returned to ISD. Please ensure that the most important information is always returned to ISD and that within those codes validation rules are adhered to (injury codes must be followed by an external cause code, dagger codes must be followed by asterisk codes). The number of discharge codes on each type of return is as follows:

<table>
<thead>
<tr>
<th>SMR type</th>
<th>Number ICD10 codes</th>
<th>Number OPCS4 pair codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMR00</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>SMR01</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>SMR02</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>SMR04</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>SMR50</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>
DQA News
Progress is being made on the SMR01 and Associated Data QA which commenced last summer. Nine hospitals have been completed to date with dates set for another seven sites in the next few weeks. If you have not already heard about dates for your hospital visit, Margaret Mason, Data Quality Assurance Manager, will be in contact shortly to discuss.

The SMR01 and Associated Data QA is different in two ways from previous SMR01 QA’s. Firstly, the team are using a new web-based system called QuADS to collect the data. This is both a safer and quicker way of dealing with confidential information. The other difference is the move away from the traditional style SMR01 QA that focused on clinical coding and other non-clinical data items. In keeping with other ISD programmes of work, the DQA team are taking the opportunity to quality assure other aspects of the SMR01 dataset including revision arthroplasty coding, mental and behavioural disorders in the context of SMR01, the recording of psychological distress, recording of data associated with Coronary Artery Disease, use of CHI and identification of ethnic group.

In addition to the main body of work, some of the team, led by Iain Schreuder, have been quality assuring dental data in the three dental hospitals (Glasgow, Dundee and Edinburgh Dental Institute) as well as three general hospitals in Scotland.

Kieran Hudson who was on a secondment from the Healthcare Information Group left DQA in December and is now working with the Data Monitoring Team. Hazel Mackendrick has recently joined the team. Hazel previously worked in the Cancer Group at ISD and was a clinical coder for some years prior to that so she is a welcome asset to the team.

Anyone requiring further information on the SMR01 and Associated Data or the Dental QA should contact margaret.mason@isd.csa.scot.nhs.uk in the first instance.