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 - OPCS4.3

Since OPCS4.3 was introduced we have had several queries about the use of new codes. We are publishing these guidelines in order that all Scottish coders may be aware of decisions reached. Advice given in Coding Guidelines takes precedence over any information coders may see on the Connecting for Health website.

New codes to be considered for inclusion in OPCS4.4 may be requested via the Coding Helpdesk (see details above). However, we have been given a cut-off date of 30th June, 2006 for these to reach Connecting for Health, so any requests, with confirmation by clinicians, where possible, should be submitted as soon as possible.

Rules for when to code chemotherapy, radiotherapy, scans, injections etc have not changed except where specifically mentioned, although the codes themselves may be different.

It has come to our attention that some of the new OPCS4.3 books have been bound incorrectly, and pages may be upside down or loose. If you have experiences any such problems, the person to contact is Sam Appleyard-Smith, Customer Service Team Leader, The Stationery Office, telephone 01603 695892.

Radiotherapy
If using X65.- Radiotherapy Delivery codes, it is only necessary to code fractions of radiation using Y91.- code if the information is readily available in the case record. When coding radiotherapy a Y35.- code (introduction of removable radioactive material into organ NOC) will normally take precedence over a Y91.- code or a site code.

IVF codes
Do not use IVF codes (Q13.-).

Gestational age codes
It is only necessary to use gestational age codes (Y95.-) on SMR01 abortion or miscarriage episodes. The information is already hard-coded on SMR02 episodes and so the codes would be redundant.

Scans
The advice that scans should be coded if mentioned on the discharge summary is still applicable. Where several types of scan are mentioned, each should be coded if space allows. For obstetric patients, on a SMR02 record, who are given several scans of the same type during an episode, it is only necessary to code the first scan given. If an obstetric scan is multi-purpose (eg a nuchal translucency scan in which growth is also checked), code to the main purpose of the scan.

SMR00 Operation codes
Continue coding SMR00 as before. Further guidance will follow in September.

Dental procedures
All patients admitted for any of the new dental procedures should have the appropriate procedure code assigned.
Placement of arterial stents (L76.-, L89.-)
Where placement of arterial stents (L76.-, L89.-) is recorded, code as a separate operation, rather than as a pair code for the moment. The stent codes should be secondary to the main procedure.

Pre-assessment code for a kidney transplant (M17.-)
Use a pre-assessment code from M17.- for a kidney transplant only if carried out in a separate episode from the transplant itself.

Skin cleansing sterilizing taping codes
It is only necessary to use the following codes if nothing else is done.
S40.- - Other closure of skin
S56.6 – Cleansing and sterilization of skin of head or neck NEC
S57.6 - Cleansing and sterilization of skin NEC

Skin test codes
All patients admitted for skin testing should have the appropriate skin test code from U27.- or U28.- assigned.

V55 codes to record the level of the spine
Do not use the V55 codes just now.

High cost drug codes/ Drugs for chemotherapy
It is not necessary to use the high cost drug codes at the moment. Future guidelines may contain further advice.

Use of C90 for local anaesthetic for ophthalmology procedures
Code local anaesthetic for ophthalmology procedures using C90.- if the information is available, but code as a separate operation, rather than as a pair code for the moment.

Bronchoscopy with washings and brushings
Use E49.2 for coding bronchoscopy with washings, E49.8 and Y21.1 for coding bronchoscopy with brushings, E49.2 and Y21.1 for coding bronchoscopy with washings and brushings. If biopsy is taken along with washings and/ or brushings 2 E49.- codes should be used.

Bronchoscopy with washings - E49.2
Bronchoscopy with brushings - E49.8 + Y21.1
Bronchoscopy with washing and brushings - E49.2 + Y21.1
Biopsy, bronchoscopy with washings and brushings E49.1 and E29.2 + Y21.1

Analysts should note this and adjust any calculations made on total number of scopes.

Respiratory support etc E85.- to E97.-
Use E85.- to E97.- codes if mentioned on the discharge summary. E85.1 (Invasive ventilation) should be used for a statement of ‘intubation and ventilation’.
PEG
The code for PEG is now G44.5 and you should add Y70.5 if coding a temporary PEG. The default is permanent PEG.

Combined VV ops
Use the combined VV operation codes in preference to the single codes if more than one type of operation (ligation, stripping, stab avulsion) has been performed on varicose veins in the same theatre episode.

Procedures mentioned on the discharge summary
The following codes need only be used if the procedure has been mentioned on the discharge summary.
- U22.- to U32.- for neuropsychology tests etc.
- X39.- Other route of administration of therapeutical substance
- X49.- Other external support of limb
- X50.3 – Advanced cardiac pulmonary resuscitation
- X56.- Intubation of trachea
- X58.- Artificial support for body system

Use of codes X60 – X62, and X66.
It is not necessary to use codes X60 – X62 or X66.- on in-patient returns, at present

Chemotherapy codes for neoplasm
If intravenous chemotherapy is given an X72.- code should be used. If oral chemotherapy is given an X73.- code should be used. If both oral and intravenous chemotherapy are given within the same episode, use both X72 and X73 codes.
Where the method of administration is unknown, coders should check with clinical staff to determine a local default code for the hospital/trust. Please remember that all local policies/codes should be approved in writing by a clinician and retained within the Coding Department’s Policy and Procedures for future reference.

Staged hearing aid procedures D05.- D13.-
If the stage is unspecified, use the .9 code in the appropriate category.

IV antibiotics
Use X29.2 as the default code where it is not known if the IV antibiotics are given by injection or continuous infusion.

IV fluids
Contrary to advice in the OPCS4.3 conversion training material, use X29.2 as the default code if IV fluids are given.

Testing of pacemaker
It is not necessary to code the testing of the pacemaker (U31.-) if it is done in the same episode as the insertion.

Genital Swab Q55.6
It is optional whether or not sites choose to use this code.
**IV immunoglobulin**
If it is known that the IV immunoglobulin has been given continuously, it should be coded to X29.2, but otherwise the default is X30.2 - Injection of gamma globulin, which includes ‘intravenous immunoglobulin NEC’.

**Intermittent infusion of therapeutic substance (X28.-)**
This code may only be used if the term intermittent infusion has been used on the discharge summary.

**Rehabilitation codes U50.- to U54.-**
If a patient is transferred for rehabilitation, a procedure code from U50.- to U54.- should be used in addition to the ICD10 Z50.- code (Care involving use of rehabilitation procedures). It is not necessary to use either the ICD10 Z50.- codes or the U50.- to U54.- codes in the same episode as the original treatment.
New Pair Codes

The following pair codes have been set up and should be available to coders after the import of the June, 2006 OPCS4 file

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</table>

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Errata

We have been advised of the following errata by Connecting for Health. Please amend your new Coding Books.

OPCS-4.3 Alphabetical Index

Additions:

Page 118 add: K57.3 Removal from Heart Foreign Body Transluminal Percutaneous

Page 23 add E49.- Bronchoscopy NEC

Amendments:

Page 52 amend: G16.1 Examination Oesophagus Ultrasound Endoscopic Fibreoptic as follows:
G16.2 Examination Oesophagus Ultrasound Endoscopic Fibreoptic

Page 81 amend: X29.3 Infusion Fluids Continuous Intravenous as follows:
X29.3 Infusion Fluids Continuous Subcutaneous

OPCS-4.3 Tabular List

Amendments:

G16.3 Insertion of bravo pH capsule
Add exclusion note:
Excludes: When associated with general fibreoptic endoscopic examination of upper gastrointestinal tract (G45.3)

G19.2 Insertion of bravo pH capsule
Add exclusion note:
Excludes: When associated with general fibreoptic endoscopic examination of upper gastrointestinal tract (G45.3)

G45.3 Insertion of bravo pH capsule
Add exclusion note:
Excludes: When associated with examination limited to oesophagus (G16.3, G19.2)

K34.4 Excision of vegetations of valve of heart
Add exclusion note:
Excludes: Open excision of vegetations of heart NEC (K55.4)
K55.4 Open removal of cardiac vegetations
Add ‘NEC’ to code descriptor
Add exclusion note:
Excludes: Excision of vegetations of valve of heart (K34.4)

L71 Therapeutic transluminal operations on other artery (SEE ALSO L66 & L89).
Delete code L89 from the ‘SEE ALSO’ reference

M29.5 Endoscopic renewal of tubal prosthesis into ureter.
Add exclusion note:
Excludes: Ureteroscopic renewal of ureteric stent (M27.8 + Y15.2)

M49.2 Change of suprapubic tube into bladder
   Includes: Insertion of suprapubic catheter NEC
Delete inclusion term as this intervention is classifiable at M38.2

S40.2 Tissue adhesive closure of ski
Add ‘n NEC’ to code descriptor

X70 – X73 Procurement and delivery of chemotherapy for neoplasms
Under the three character title add an exclusion note as follows:
Excludes: Chemotherapy for other conditions

Y02 Placement of prosthesis in organ NOC
Add exclusion note:
Excludes: Placement of stent in organ NOC (Y14)

Y03 Attention to prosthesis in organ NOC
Add exclusion note:
Excludes: Attention to stent in organ NOC (Y15)

Z39.5 Saphenous vein NEC
Amend exclusion note as follows:
Excludes: Specified saphenous vein (Z98)