CODING GUIDELINES

No. 2, January, 1999

Please note this is issue No. 2 of the Coding guidelines which succeeds the Coding Quarterly.
(Issue No. 1 of Coding Guidelines was dated May, 1996.)

Please note the Coding Advisory Service Telephone Number is 0131-552-7325.
This number is manned Tuesday to Thursday from 09.00 to 17.00 hrs.

N.B. All the following guidelines will take effect from 1st April, 1999.

Coding Guidelines - ICD10

• **Left Ventricular Dysfunction**
  This condition should be coded to I50.1 Left Ventricular Failure.

• **Toxic Confusional State**
  Following a decision by the Coding Review Panel (UK) it has been agreed that the ICD10 code for Toxic Confusional State (**WHEN NO FURTHER INFORMATION IS AVAILABLE**) is F05.9 Delirium Unspecified.

• **Lewy Body Dementia / Syndrome / Disease**
  Previously it had been agreed that as Lewy Body Dementia/Syndrome/Disease could only be detected pathologically in the brain after death then the conditions prior to death, e.g. Parkinson’s disease, Alzheimer’s disease or Dementia should be coded. More recently it has been found that Lewy Body Dementia/Syndrome/Disease can be diagnosed in a live person.
  The Clinical Coding Review Panel (UK) have agreed the following codes for Lewy Body Dementia/Syndrome/Disease:
  G31.8D F02.8A (Other specified degenerative diseases of nervous system) and (Dementia in other specified diseases classified elsewhere)

• **Acute on chronic conditions**
  It has been agreed that if no specific single code is available in ICD10 then both the acute and chronic conditions should be coded separately if the information is available, e.g.

  Acute on Chronic Bronchitis Code to J20.9 (Acute bronchitis) and J42.X (Unspecified Chronic bronchitis)
• **Abortion Coding**

Clarification was sought via the Clinical Coding Review Group (CCRG) regarding abortion coding as many difficulties are arising because of interpretation of the word ‘abortion’. The term 'abortion' refers to the expulsion or removal of an embryo or fetus. Confusion is arising with 'missed' and 'spontaneous' abortions coming back in for second and third episodes of care due to the original reason for admission. In particular, O04.- (Medical Termination / Legal Abortion) is being used when a Missed abortion (O02) and Spontaneous abortion (O03) are returning because of retained products of conception.

Medical Staff at the CCRG gave clear examples of how the following should be coded:-

**Medical Abortion** (for the purposes of removing a live embryo or fetus)

On discharge of first episode should be coded to  O04.5 to .9
If patient returns with retained products of conception code to  O04.0 to .4

*ICD10 Index states - Retention, retained*

- products of conception
- - following
- - - abortion - see Abortion, by type
  Abortion
- - medical  O04.-

**Spontaneous Abortion**

On discharge of first episode should be coded to  O03.5 to .9
If patient returns with retained products of conception code to  O03.0 to .4

*ICD10 Index states - Retention, retained*

- products of conception
- - following
- - - abortion - see Abortion, by type
  Abortion
- - spontaneous  O03.-

**Missed Abortion**

On discharge of first episode should be coded to  O02.1
If patient returns with retained products of conception code to  O02.1 + O08.-

*ICD10 Index states - Retention, retained*

- products of conception
- - early pregnancy (dead fetus)  O02.1

• **Uncontrolled Diabetes**

Hyperglycemia is a recognized sign/symptom of diabetes and if present the diabetes is considered to be out of control. Patients are occasionally admitted for stabilization. This is not a complication of diabetes as understood within the axis of the classification for this disease and should therefore be coded with the fourth -character subdivision .9.
Coding Guidelines - OPCS4

- **Colposcopy of Cervix**
  Following a decision by the Coding Review Panel (UK)
  Colposcopy of Cervix should be coded to:

  Q55.8 + Z45.1 Other specified examination of female genital tract + site Cervix uteri

- **Laparoscopic Hysterectomy**
  If an operation is stated as being a Laparoscopic Hysterectomy this defaults to Q07.- + Y50.8 in the OPCS4 Index. This is the category for abdominal hysterectomies. Coders should always check to make sure it is an abdominal hysterectomy before selecting the appropriate code from category Q07. If the procedure is a laparoscopic assisted vaginal hysterectomy, it should be coded to Q08.- + Y50.8.

- **Laparoscopic Hysterectomy / Laparoscopic Oophorectomy**
  Current advice states that when a hysterectomy is carried out simultaneously with an oophorectomy this should be coded as a recognised Scottish OPCS4 pair code. However, when a laparoscopic hysterectomy and laparoscopic oophorectomy are performed simultaneously we lose information concerning minimal access approach. From 1/4/99 a laparoscopic hysterectomy performed with a laparoscopic oophorectomy, where no further information is available, will be coded as follows:-

  Laparoscopic Hysterectomy:     Q07.4  + Y50.8 Total abdominal hysterectomy nec + Other specified approach through abdominal cavity

  Laparoscopic Oophorectomy:     Q24.3  + Y50.8 Oophorectomy nec + Other specified approach through abdominal cavity

- **Endoscopic “Balloon” Ablation of Endometrium**
  Ablation of lesion of endometrium is being coded to Q17.1 as the index automatically takes you to this code via the trail.

  (Ablation endometrium lesion endoscopic  Q17.1)

  It has been agreed that the correct OPCS4 codes for this procedure should be as follows:-

  Endoscopic balloon ablation of lesion of the endometrium:

  Q17.4 (Endoscopic destruction of lesion of uterus nec) + Y13.8 (Other destruction of lesion of organ noc - Other specified)

  Endoscopic balloon ablation of endometrium:

  Q17.8 (Therapeutic endoscopic operations on uterus - other specified) + Y11.8 (Other destruction of organ noc - other specified)

  The rationale for this decision is that the balloon ablation is a form of destruction rather than ablation (or resection as the trail currently takes you.) In addition the coder needs to choose the correct code depending on whether the destruction is for a lesion or the whole endometrium as the examples above highlight.
• **Endoscopies with multiple biopsies:**
  Questions have arisen about endoscopies where multiple biopsies are taken. The following has been asked. “If several biopsies are performed and one biopsy proves positive, should the coding reflect the positive site?” The answer is NO. Results of biopsies are irrelevant to coding. If multiple sites are biopsied then code as per the following examples:-

  1a) Upper GI endoscopy with multiple biopsies (oesophagus, stomach and pylorus)
     Code G45.1 + Z27.8 (Specified upper digestive tract nec)

  1b) Upper GI endoscopy with multiple biopsies from oesophagus
     Code G45.1 + Z27.1 (Oesophagus)

  2a) Colonoscopy with multiple biopsies (Transverse Colon and Descending Colon)
     Code H22.1 + Z28.7 (Colon nec)

  2b) Colonoscopy with two biopsies from the Transverse Colon
     Code H22.1 + Z28.4 (Transverse Colon)