CODING GUIDELINES

No. 23
September, 2008

Please note that the Terminology 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/terminology

CODING GUIDELINES - ICD10 ..............................................................................................2
DISEASES/DIAGNOSES ‘WITH’ OTHER CONDITIONS .......................................................... 2
“IMPRESSION OF” .................................................................................................................. 3
CODING RESPIRATORY FAILURE ....................................................................................... 3
EX-SMOKER ............................................................................................................................ 3
CURRENT SMOKER/CURRENT HEAVY SMOKER/CURRENT HEAVY SMOKER ADVISED TO
GIVE UP .................................................................................................................................. 3
PERINATAL CONDITIONS ..................................................................................................... 4
VAGINAL THRUSH IN PREGNANCY ...................................................................................... 4
SINUS TACHYCARDIA ........................................................................................................... 5

CODING GUIDELINES - OPCS4 .......................................................................................5
F09 V F10 SURGICAL REMOVAL VERSUS SIMPLE EXTRACTION OF TEETH ...................... 5
PATIENTS REQUEST TERMINATION OF PREGNANCY AT OUTPATIENT CLINIC AND
RETURN TO WARD TO RECEIVE ORAL ABORTIFACIENT DRUG (MIFEPRISTONE) ............. 5
PERIPHERAL STEM CELL PROCEDURES: AMENDMENT TO PREVIOUS GUIDANCE .......... 6

GENERAL INFORMATION ..................................................................................................7
USE OF INTERNET TO FIND ICD10 CODES ........................................................................ 7
DOCTORS’ LEAFLET .................................................................................................................. 7
WEBSITE ADDRESS AND FORTHCOMING TRAINING COURSES .................................... 7

DQA NEWS ................................................................................................................................. 7

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Coding Guidelines - ICD10

Diseases/diagnoses ‘with’ other conditions
When allocating codes for diseases occurring with another, care should be taken that the instructions in the index and the tabular are followed correctly. One of the principles of coding is to use the least number of codes to accurately describe the condition. Often the index will link two conditions together where they co-exist **whether or not the link has been made by the clinician**. This is shown by the index trail ‘with’.

**Example 1:**
Patient has laryngitis and flu.

Trail;
Laryngitis (acute) (edematous) (subglottic) (suppurative) (ulcerative) J04.0
- with
- - influenza, flu, or grippe (*see also* Influenza, with, respiratory manifestations) J11.1

Also;
Influenza (specific virus not identified) J11.1
- with
- - laryngitis J11.1

This leads the coder to use only J11.1, **not** J04.0 plus J11.1
The Tabular supports this with appropriate *exclusions* notes at both codes.

**Example 2:**
Patient admitted for treatment of renal sclerosis and has hypertension.

Trail;
Sclerosis, sclerotic
- renal N26
- - with
- -- hypertension (*see also* Hypertension, kidney) I12.9

Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (primary) (systemic) I10
- with
- - renal sclerosis (conditions in N26.-) (*see also* Hypertension, kidney) I12.9

Again, no need for two codes following the trail and the instructions in the Tabular.

Please note this is not the same as when clinicians make the link between two conditions e.g. diabetes and retinopathy. These are recorded as separate conditions **unless** the clinician states that one condition causes or is due to the other, in which case the index will lead the coder to a Dagger/Asterisk pair through the term ‘**In (due to)**’. These two terms are used interchangeably in ICD but for the purposes of ease of understanding, it is preferable to think of it as one condition **due to** the other and only where this is clearly indicated would the Dagger/Asterisk pair be selected.
“Impression of”
The term “impression of” is frequently being used by doctors when writing in case notes. In the first instance, the clinician who provided the information should be contacted in an attempt to confirm the diagnosis. If this is not possible then code the recorded symptom(s).
Example: Breathlessness, impression of asthma. Code breathlessness.

Coding Respiratory Failure
Respiratory failure often occurs with or as a symptom of other respiratory disorders, such as asthma, emphysema, COPD (chronic obstructive pulmonary disease), fibrosing alveolitis and so on. If the clinician has stated that respiratory failure is present then it must be recorded by the coder.
Always code the presenting respiratory condition in main position and respiratory failure J96.- in second position, e.g. COPD and respiratory failure. Code COPD first and respiratory failure second.
COPD J44.9
Respiratory failure J96.-

Ex-smoker
It has been decided by the Clinical Coding Review Group that there is no suitable code in ICD10 for the term ex-smoker and there is therefore no need for this to be recorded on national returns.

Current smoker/current heavy smoker/current heavy smoker advised to give up
The Clinical Coding Review Group (CCRG) has issued the following guidance:
If a patient is described as a current smoker code to F17.1
If a patient is described as a current heavy smoker code to F17.1
If a patient is described as a current heavy smoker and has been advised by a clinician to give up smoking, code to F17.1.
If a patient is described as a current heavy smoker and has been advised by a clinician to give up smoking because it will have an adverse effect on their medical condition, code to F17.1.

N.B. This guidance supercedes that given in Coding Guidelines No. 6 June 2000 with reference to smokers. The guidance on heavy drinkers still applies.
Perinatal Conditions
The following scenario is for occasions when a code is not available to clearly classify that the condition in question forms a perinatal condition.
Conditions arising in the perinatal period should, as far as possible, be coded to chapter XVI, even when morbidity or death occurs later. This takes precedence over chapters containing codes for diseases by their anatomical site.
Exclusions are:
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
Endocrine, nutritional and metabolic diseases (E00-E99)
Injury, poisoning, and certain other consequences of external causes (S00-T98)
Neoplasms (C00-D48)
Tetanus neonatorum (A33)

If the code for the disease by the anatomical site provides additional information which is not contained in the code from Chapter XVI, then it is acceptable to use a second code to express this information. This provides additional information for the coder and for potential analysis.

For example:
Newborn born in hospital with thrombotic occlusion of left superficial femoral artery.
The appropriate ICD-10 codes would be:
P29.8 Other cardiovascular disorders originating in the perinatal period
I74.3 Embolism and thrombosis of arteries of lower extremities

Vaginal Thrush in Pregnancy
The correct codes for vaginal thrush in pregnancy are:
O23.5 Infections of the genital tract in pregnancy
B37.3D Candidiasis of vulva and vagina (N77.1A)
N77.1A Vaginitis, vulvitis and vulvovaginitis in infectious and parasitic diseases classified elsewhere.
Sinus tachycardia
Following the article on Sinus bradycardia and Tachycardia in Coding Guidelines No.16, August 2005, it has come to our attention that the World Health Organisation has made further changes to the ICD10 Index relating to sinus tachycardia. Please make the following amendments to your ICD10 Volume 3 Alphabetical Index as confirmed by the Coding Review Panel (UK) and the Clinical Coding Review Group (Scotland).

<table>
<thead>
<tr>
<th>Revise code</th>
<th>Tachycardia R00.0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- sinoauricular I47.1 R00.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Add subterm and code</th>
<th>Tachycardia R00.0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- sinoauricular R00.0</td>
</tr>
<tr>
<td></td>
<td>-- paroxysmal I47.1</td>
</tr>
</tbody>
</table>

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<td>- sinusal R00.0</td>
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<td>-- paroxysmal I47.1</td>
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</tbody>
</table>

Coding Guidelines - OPCS4

F09 V F10 Surgical removal versus simple extraction of teeth
A simple tooth extraction is a procedure where any tooth or part of a tooth e.g. a root is removed. It does not require surgical removal i.e. it does not require the raising of a tissue flap. Raising of a tissue flap means cutting into the gum with a scalpel. A surgical removal is a more complex process than a simple extraction. Surgical removal is usually carried out for impacted teeth, wisdom teeth, or very badly broken down teeth. Clinically, the definition includes the use of a scalpel to cut the gum with or without bone removal prior to tooth / root removal.

Patients request termination of pregnancy at Outpatient clinic and return to ward to receive oral abortifacient drug (Mifepristone)
Following the publication of the ‘Abortion coding’ article in Coding Guidelines No.22, March 2008, we have been informed that some hospitals have the following scenario:
Woman attends Outpatient clinic to request termination of pregnancy. She is asked to return and attend a ward to be given an oral abortifacient drug (Mifepristone). In these instances, complete an SMR00 return for both the Outpatient attendance and the attendance at the ward. Do not count the attendance for administration of the oral abortifacient drug (Mifepristone) as a ward attendance. Treat it as an Outpatient attendance and record OPCS4 code X39.1 in the procedure field.
This is to ensure that all ‘non-inpatient’ attendances for administration of oral abortifacient drugs (Mifepristone) are recorded in the same manner.
Peripheral Stem Cell Procedures: Amendment to Previous Guidance

Guidance on coding Peripheral Stem cell Procedures was published in Coding Guidelines No. 3 June 1999. With the introduction of OPCS4.3 in 2006, OPCS4.4 in 2007 and Version 2 of the OPCS4 Clinical Coding Instruction Manual in 2008, the guidance has been amended as follows:

<table>
<thead>
<tr>
<th>HAEMATOLOGY PROCEDURES</th>
<th>OPCS4 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral Stem cell donation</td>
<td>X36.1/Y69.8</td>
</tr>
<tr>
<td>Stem cell infusion, back up bone marrow</td>
<td>See Bone marrow transplant below</td>
</tr>
<tr>
<td>Bone marrow transplant</td>
<td></td>
</tr>
<tr>
<td>Autograft</td>
<td>W34.1</td>
</tr>
<tr>
<td>Allograft NEC</td>
<td>W34.2</td>
</tr>
<tr>
<td>Allograft from sibling donor</td>
<td>W34.3</td>
</tr>
<tr>
<td>Allograft from matched unrelated donor</td>
<td>W34.4</td>
</tr>
<tr>
<td>Allograft from haploidentical donor</td>
<td>W34.5</td>
</tr>
<tr>
<td>Unspecified</td>
<td>W34.9</td>
</tr>
<tr>
<td>Bone marrow donor</td>
<td>X46.1</td>
</tr>
<tr>
<td>Bone marrow harvest</td>
<td>X46.1/Y66.7</td>
</tr>
<tr>
<td>Peripheral blood stem cell (PBSC) harvest</td>
<td>X36.1/Y69.8</td>
</tr>
<tr>
<td>PBSC transplant (autologous)</td>
<td></td>
</tr>
<tr>
<td>If donation and infusion in same episode</td>
<td>X33.4</td>
</tr>
<tr>
<td>If donation and infusion in different episodes;</td>
<td></td>
</tr>
<tr>
<td>First episode</td>
<td>X36.1/Y69.8</td>
</tr>
<tr>
<td>Second episode</td>
<td>X33.4/Y71.1</td>
</tr>
<tr>
<td>Femoral vein catheter for PBSC</td>
<td></td>
</tr>
<tr>
<td>If it is PBSC transfusion</td>
<td>Autologous X33.4</td>
</tr>
<tr>
<td></td>
<td>Syngeneic X33.5</td>
</tr>
<tr>
<td></td>
<td>Allogeneic X33.6</td>
</tr>
<tr>
<td></td>
<td>Unknown X33.8</td>
</tr>
<tr>
<td>Granulocyte colony stimulating factor injection/infusion (GCSF)</td>
<td>Not a procedure</td>
</tr>
<tr>
<td>PBSC collection</td>
<td>X36.1/Y69.8</td>
</tr>
<tr>
<td>Peripheral leucaphoresis</td>
<td>Same as PBSC transplant</td>
</tr>
<tr>
<td>Back-up stem cells</td>
<td>Same as stem cell donation</td>
</tr>
<tr>
<td>Back-up bone marrow</td>
<td>Same as bone marrow donation</td>
</tr>
</tbody>
</table>

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PLEASE NOTE THAT ALL GUIDANCE IN THIS EDITION APPLIES TO ALL DISCHARGES ON AND AFTER 1ST OCTOBER 2008

General Information

Use of internet to find ICD10 codes

It has come to our attention that many coders and analysts are using the internet to find ICD10 codes using the WHO (World Health Organisation) website. Many of the ICD10 codes on the site have not yet been officially approved for use in the UK. Similarly the ICD10 updates listed on the WHO website should not be used. Any changes to ICD10 codes or amendments required to ICD10 books will be published in Coding Guidelines as and when appropriate.

Doctors’ leaflet

An updated version of the Doctors’ leaflet has been published. It includes information regarding production of accurate discharge summaries and some useful ISD contacts for advice on coding and statistical analysis. If you would like copies of the leaflet please contact the Terminology Advisory Service helpdesk on 0131-275-7283.

Website address and forthcoming training courses

Our website address is http://www.isdscotland.org/terminology. Details of forthcoming training courses are published on this site.

DQA News

The DQA team has now completed the Timeliness and New Ways QAs and the next big assessment will be SMR02 commencing 2009.