Coding Guidelines - ICD10

• **COAD**
  Confirmation has been sought from the Clinical Coding Centre on the following two respiratory conditions:-

1. **Chronic Obstructive Airways Disease (COAD) with Basal Pneumonia**
   Code to:
   - J44.0 - Chronic obstructive pulmonary disease with acute lower respiratory infection), with
   - J18.1 - Lobar Pneumonia, unspecified

2. **Infective Exacerbation of Chronic Obstructive Airways Disease**
   Code to:
   - J44.0 - Chronic obstructive pulmonary disease with acute lower respiratory infection).
   If the infection is stated it must be coded

   **Please Note:** It is the Infective nature of the condition which guides you to ‘.0’ at J44.-

• **Compound Drugs**
  When the drug has more than one component, each component should be coded separately and sequenced according to the order in the British National Formulary (BNF) which is a publication of the British Medical Association and the Royal Pharmaceutical Society of Great Britain. It is recommended that clinical coders have access to, or obtain a copy of, the British National Formulary which is updated every March and September. Copies are sent to every Pharmacy department, ward and doctor in every NHS organisation. A list follows of the most common compound drugs [with external cause codes] which might result in admission to hospital.
<table>
<thead>
<tr>
<th>Product name</th>
<th>Ingredients</th>
<th>XIX</th>
<th>Acc.</th>
<th>Int.self</th>
<th>Undet.</th>
<th>Adverse effect in therapeutic use</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Anadin Extra (please note Anadin only contains paracetamol)</td>
<td>Aspirin, caffeine, paracetamol</td>
<td>39.0</td>
<td>40.4</td>
<td>41.9</td>
<td>42.4</td>
<td>45.0</td>
</tr>
<tr>
<td>Co-codamol</td>
<td>Codeine phosphate, paracetamol</td>
<td>40.2</td>
<td>40.4</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
<tr>
<td>Co-dyramol</td>
<td>Dihydrocodeine tartrate, paracetamol</td>
<td>40.2</td>
<td>40.4</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
<tr>
<td>Co-proxamol</td>
<td>Dextropropoxyphene hydrochloride, paracetamol</td>
<td>40.4</td>
<td>40.4</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
<tr>
<td>Distalgesic</td>
<td>Dextropropoxyphene hydrochloride, paracetamol</td>
<td>40.4</td>
<td>40.4</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
<tr>
<td>Kapake</td>
<td>Codeine phosphate, paracetamol</td>
<td>40.2</td>
<td>40.4</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
<tr>
<td>Medised (Suspension)</td>
<td>Paracetamol, promethazine</td>
<td>39.1</td>
<td>40.1</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
<tr>
<td>Migraleve (pink)</td>
<td>Paracetamol, codeine, buclizine</td>
<td>39.1</td>
<td>40.1</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
<tr>
<td>Migraleve (yellow)</td>
<td>Paracetamol, codeine</td>
<td>39.1</td>
<td>40.1</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
<tr>
<td>Night Nurse Capsules</td>
<td>Paracetamol, dextromethorphan, promethazine</td>
<td>39.1</td>
<td>40.1</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
<tr>
<td>Night Nurse Liquid</td>
<td>Paracetamol, dextromethorphan, promethazine</td>
<td>39.1</td>
<td>40.1</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
<tr>
<td>Solpadeine</td>
<td>Paracetamol, caffeine, codeine</td>
<td>39.1</td>
<td>40.1</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
<tr>
<td>Solpadol</td>
<td>Codeine phosphate, paracetamol</td>
<td>40.2</td>
<td>40.4</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
<tr>
<td>*Tixylix Cough and Cold</td>
<td>Chlorpheniramine, pholcodine, pseudoephedrine</td>
<td>50.0</td>
<td>50.3</td>
<td>51.9</td>
<td>52.2</td>
<td>54.0</td>
</tr>
<tr>
<td>Tixylix Night Time</td>
<td>Pholcodine, promethazine</td>
<td>50.0</td>
<td>50.3</td>
<td>51.9</td>
<td>52.2</td>
<td>54.0</td>
</tr>
<tr>
<td>Tylex</td>
<td>Codeine phosphate, paracetamol</td>
<td>40.2</td>
<td>40.4</td>
<td>41.9</td>
<td>42.4</td>
<td>50.2</td>
</tr>
</tbody>
</table>

Poisonings by these drugs should be coded in the order given in the table, with the exception of compound drugs where the same external cause occurs more than once (indicated by * before the product name). Here it is allowable to change the order of the codes so that no duplication occurs, e.g. Accidental poisoning with Anadin Extra may be recorded on SMR01 as follows:

T39.0  Poisoning by salicylates
T39.1  Poisoning by 4-Aminophenol derivatives
X40.-  Accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics
T43.6  Poisoning by psychostimulants with abuse potential
X41.-  Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs nec
• **Adverse effect of Viagra**
Although this drug was intended initially for the treatment of angina and would, for this have been coded to Y52.3 - Coronary vasodilators, not elsewhere classified - for adverse effect in therapeutic use, its use in ameliorating erectile dysfunction should be coded to Y52.7 - Peripheral vasodilators - since its effect is mediated through changes in the vascular system.

• **Burns classified according to percentage of body area**
When coding burns, and when the information is available, please remember to code the percentage of body surface affected. If a burn is classified according to the extent of the body surface involved then code accordingly to T31.-

Note T31.- is to be used as the primary code **only** when the site of the burn is unspecified. It must be used, if available, as a supplementary code with categories T20-T29 when the site is specified.

• **ICD10 coding - last position**
When coding the last allowable position on a SMR return (position 6 for SMR01, position 4 for SMR04 etc), care should be taken that neither a dagger code nor an injury code (chapter XIX) should be used. A dagger code is followed by an asterisk code. An injury code is followed by an external cause code. If necessary, the order of codes should be rearranged so that the rules are obeyed. This applies even if local systems are able to record more codes than are allowed on the SMR return.

**Coding Guidelines - OPCS4**

• **Dacron Mesh Keratoprosthesis**
A new procedure is being carried out to restore the sight of patients who suffer from repeated rejections of corneal transplants implanted in the conventional way. It involves a ‘two-stage’ operation. Initially two plastic corneas made from Dacron are implanted in pockets of cheek tissue under the patient’s eyes, so that they will develop a coating of the patient’s own tissue cells. The aim is to trick the eye into accepting a foreign body - the artificial cornea - and reduce the chances of rejection when the prosthesis is inserted in the eye. One implant will stay in the cheek for about two months before being transplanted into the eye. The other implant will be kept as a spare.

The correct OPCS4 codes for this procedure are:

**Stage 1**

S50.3 Insertion of inert substance into subcutaneous tissue nec  
Y70.3 First stage of staged operations noc  
Z47.3 Skin of cheek /UK - Scotland will have to drop this site code/[UK]

**Stage 2**

C46.4 Insertion of prosthesis into cornea  
Y71.1 Subsequent stage of staged operations noc
Nerve blocks
Some of you may have noticed in the SMR Update No 4, January 1998, page 8, that a list of additional procedures for SMR00 short list was published. This included codes for Nerve blocks, some of which had a supplementary Y code, while others had a supplementary Z code. Each code given was carefully considered by clinicians at ISD as to whether a supplementary Y or Z code gave the best possible information, but no general rule can be given. When coding nerve blocks, this list should be consulted to find the most appropriate codes. This advice applies whether SMR00 or SMR01 records are being coded.

General Information

- **ICD10 and OPCS4 Courses**
  As announced in the last Coding Guidelines, courses have been arranged for ICD10 and OPCS4 at Trinity Park House, Edinburgh for the autumn. Details are as follows:-

  OPCS4 Tuesday 19th October to Thursday 21st October, 1999
  ICD10 Monday 8th November to Friday 12th November, 1999

  **Reminder that closing date for applications is 30th September, 1999.**

- **National Clinical Coding Qualification**
  Would all candidates who plan to sit the National Clinical Coding Examination [UK] take note, that when completing their examination paper on the coding of OPCS4 Procedures, they follow UK rules and code ALL ‘supplementary chapter’ codes that add additional information.
  This is contrary to the practice in Scotland where we ‘pair’ the supplementary code and can therefore have only one additional supplementary code with a code from the main OPCS4 Chapters A-X.

  Examples:-
  
  Hysterectomy/ Left salpingo-oophorectomy
  **Scotland**: Q07.4 paired with Q23.1
  **Examination**: Q07.4/Q23.1 plus **Z94.3 [left sided operation]**

  Limited release of contracture of right knee joint
  **Scotland**: W78.4 paired with Z84.6
  **Examination**: W78.4/Z84.6 plus **Z94.2 [right sided operation]**

  If in doubt please consult with your Coding Tutor or seek advice through the Coding Advisory Service.

- **Co-morbidities Guidance**
  Following publication of the “Comorbidities Guidance on SMR01 Coding” in the last issue of the Coding Guidelines (No 3, page 2 to 3), a similar Guidance Note has also been distributed to all Consultants with their SCRIPS data on 16 August 1999. It has been emphasised in the document that coders must always refer to the consultant in the first place if there is any query about the source documentation or the coding itself.