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

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ICD10

Learning disability

The use of codes F80 to F89 - Disorders of Psychological development, needs to be carefully applied in cases where a patient is over the age of 15, as this will generate a validation query. For example, the coder needs to be certain if given the phrase ‘learning disability’ that the patient has no underlying cause for this eg mental retardation, low IQ. This must be done by checking the patient’s casenotes thoroughly and discussing with the clinician for further guidance if necessary.

Heavy drinkers/smokers

The new version of the training manual contains further guidance on the difference between codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F10.</td>
<td>- Mental and behavioural disorders due to use of alcohol</td>
</tr>
<tr>
<td>F17.</td>
<td>- Mental and behavioural disorders due to use of tobacco and</td>
</tr>
<tr>
<td>Z72.</td>
<td>- Problems related to lifestyle</td>
</tr>
</tbody>
</table>

‘In order to assign a code from F10 or F17, a clinical decision is required when patients are described as heavy drinkers/smokers.

If the patient has been advised by the clinician to stop drinking/smoking because it will have an adverse effect on their medical condition or the clinician states the patient is dependent upon alcohol/tobacco then a code from this category should be selected.

However, if it is noted in the medical record that the patient is a heavy drinker/smoker with no other reference to medical condition, then a code should be selected from:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z72</td>
<td>Problems relating to lifestyle</td>
</tr>
</tbody>
</table>

If it is unclear in the medical record, clinical input is required.’

Seasonal Affective Disorder (SAD)

Confirmation has been sought on a number of occasions on the correct coding of the above disorder. Following discussion at the Clinical Coding Review Group it was agreed that this disorder should be coded to:

**F33.- Recurrent depressive disorder**

with allocation of the appropriate 4th digit (default F33.9 when no further clinical information is available).

Antiphospholipid Syndrome

Antiphospholipid syndrome is a coagulation defect which may be due to hereditary or other predisposing factors. Following a review of the latest World Health Organisation updates the codes have now been changed from D68.8D/M36.8A to correct code now given:

**D68.8 Other specified coagulation defects**

Any specific manifestations of the syndrome could be linked using the dagger/asterisk mechanism if appropriate or coded according to syndrome guidelines.
**Holiday Relief Care**

Patients are frequently admitted for holiday relief care (respite care) to enable the carers to have a break. If the patient is having only the care and attention that would normally be given at home by the carer then the code Z75.5 should be assigned in primary position, followed by the chronic condition of the patient.

Example: Patient with multiple sclerosis admitted for 2 weeks to allow the carer to take a holiday. No additional treatment other than that normally given at home was required.

Code:  
Z75.5 - Holiday relief care  
G35.X - Multiple sclerosis

If on the other hand, a patient is given care for another condition acquired while in hospital and this condition alters the expected length of stay, the code Z75.5 should be assigned a secondary position.

Example: Patient with multiple sclerosis admitted for 2 weeks to allow the carer to take a holiday. While in hospital, the patient developed a chest infection which was treated. This extended the expected length of stay by 2 days.

Code:  
J22.X - Chest Infection  
G35.X - Multiple sclerosis  
Z75.5 - Holiday relief care

Sometimes a patient is pre-booked for holiday relief care, but the clinician decides that on this occasion the patient should have additional treatment or reassessment for their condition, for example, adjustment to drug routine or physiotherapy. On these occasions the patient is not being admitted primarily for holiday relief care but for treatment of their condition and should be coded accordingly. It should be emphasised that these additional treatments must be over and above those that they normally receive at home.

Example: Patient booked for 2 weeks holiday admission - consultant decides that the patient will have a course of physiotherapy for his multiple sclerosis.

Code:  
G35.X - Multiple sclerosis  
Z50.1 - Other physical therapy  
Z75.5 - Holiday relief care

It is important that the casenotes are referenced thoroughly in order to reflect each patient’s care on each admission

These guidelines apply to SMR01 coding and to SMR04 and SMR50 coding on discharge. It is not necessary to code Z75.5 on admission for SMR04 or SMR50 as this can be hard coded under Admission Reason/ Status on Admission.

**External Orthopaedic Fixators**

ICD10 interprets the word ‘internal’ in relation to orthopaedic fixators as a fixator that has gone through the skin. An external orthopaedic device, such as an Illizarov external fixator...
fixator, penetrates down into the bone being held by the device and, as such, although the device is known as an external fixator the component parts are considered to be internal. Therefore, when coding complications of these external fixators, the correct ICD10 code would be assigned from the rubric:

T84 - Complications of internal orthopaedic prosthetic device, implants and grafts.

OPCS4

Pre-auricular and post-auricular area

Clarification has been sought on a number of occasions for the correct OPCS4 code for excision of cyst of pre-auricular area.
Correct codes are:-
- Excision cyst of pre-auricular area D01.3 Excision of pre-auricular abnormality
  (as there is a specific code in Chapter D)
- Excision cyst of post-auricular area S06.5 Excision of lesion of skin of head or neck
  Z48.8 Skin of specified part of head nec
  (as there is no code specific to this site of the ear)

Ileo-Anal Pouch

Some patients have had all of the large bowel including rectum and terminal ileum removed and now have an ileo-anal pouch constructed. Coders have been uncertain as to the correct codes when examination under anaesthetic with flexible sigmoidoscopy of ileo-anal pouch has been carried out.
Code:-
- G73.8 Other specified attention to connection of ileum
- Y51.8 Other specified approach to organ through artificial opening into gastrointestinal tract.

‘Hybrid’ Total Hip Replacements

There is no separate category in OPCS4 to identify a ‘hybrid’ total hip replacement, sometimes referred to as a partially cemented total hip replacement (ie a total hip replacement where cement is used for only one component). The identification of this type of replacement is important, in terms of statistical use, clinical use, central returns and data quality improvements. Therefore, to enable a ‘hybrid’ replacement to be distinguished from a total cemented hip replacement, the following codes should be assigned for the ‘hybrid’ type.
- W37.1 Primary total prosthetic replacement of hip joint using cement, with an appropriate site code from the ‘Z’ chapter (either Z75.6 Acetabulum or Z76.1 Head of femur) to indicate the appropriate site of the cemented component.
  If the site of the component using cement is unknown, the default site code Z84.3 Hip joint should be assigned.

General Information

Home Births Discrepancies

A recent project looking at the GRO data on home births compared with home births on the SMR02 file (which includes SMR02D data) highlighted a significant discrepancy in the
figures. If we take the stance that the GRO figures are likely to be accurate (as the registration of a birth is a legal requirement) there was a potential shortfall of a minimum of 69 in the SMR02 and SMR02D submissions.

One of the main difficulties in getting to the underlying reasons for this discrepancy is the difference in definitions used in SMR and GRO data. The GRO definition of a home birth is when the baby is actually born at home, and does not include babies born in transit (i.e. to the hospital). In SMR02, home births could be coded under Admission Reason as follows:-

   20  Home Birth (not admitted)  
   24  Born Before Arrival  
   25  Admitted after delivery at home

Code 20 is for planned and unplanned home births with no admission to hospital and would only be used on SMR02D. Code 24 includes babies born unplanned at home and admitted, and babies born in transit. Code 25 is used for patients delivered at home as planned but who require admission to a maternity hospital after delivery.

The Coding Tutors have been involved in investigating the possible reasons behind the differences in the figures with their own areas and a summary report is being considered. In the meantime it was thought appropriate to reissue the guidance on when to submit an SMR02D as issued in the SMR Update No 5 page 5 as follows:-

Home births, whether planned or unexpected, should be recorded on an SMR02D form. You should complete an SMR02D form for:-

⇒ a planned home delivery with no hospital admission
⇒ an unplanned home delivery with no hospital admission
⇒ a planned home delivery when, following the birth of the baby, the mother is admitted to hospital (Whilst an SMR02D return should be submitted to record the home birth, the hospital should record the mothers admission as a postnatal episode on an SMR02 return)

Please note that when the mother unexpectedly delivers her baby at home, and is then admitted to hospital, an SMR02 return should be completed by the hospital detailing that the patient delivered before arrival. No SMR02D return is required. This should be recorded as a delivery episode and not as a postnatal episode in order to capture all delivery details.

National Clinical Coding Qualification

The next NHSCCQQ examination will be at the end of October/ beginning of November, date to be confirmed. Candidates should apply by 31st August if they wish to sit this examination. More information may be obtained from Liz Williamson (01324 - 714418)
Coding Guidelines by e-mail

Some Trusts have mentioned that they would prefer to receive an electronic copy of the Coding Guidelines by e-mail instead of a paper copy, so that it could be sent on to all sites using their internal mail. If you would prefer to receive Coding Guidelines in this way, please e-mail your request to

Diane.Buckner@isd.csa.scot.nhs.uk

giving the contact name for your Trust and the e-mail address at which you would like to receive future copies.

Please note that the file will be in Word 95 format

Confidentiality

It is sometimes necessary to ask a site to fax to ISD copies of a patient’s operation notes etc. in order that the correct code is allocated for a procedure. If you are asked to do this, could you please ensure that all such notes are completely anonymised i.e. all patient details - name, address, date of birth, hospital number, CHI number and consultant details are blanked out before sending. The ISD Safe Haven fax number is:- 0131 - 551 - 8745.

DQA News

General news

Since the last update the team has taken on two one year secondments from the Service - Val Borland from Yorkhill NHS Trust and Tim Varley from Lothian University Hospitals NHS Trust. Apart from learning about how the DQA team carries out its work and participation in QA projects, Val and Tim will bring a trust viewpoint as to the way we do this. I think both Val and Tim as well as the DQA team will get a lot out of this exercise.

With the retirement of Walter Lawder, Fiona Campbell will be acting up and taking on the responsibility of QA project co-ordinator. Fiona has been in the team for a number of years and we wish her well in her new post.

News on Projects

SMR04

All trust reports have been issued. Work in putting together an all trust report is ongoing but is being constrained by other work priorities. Once completed an internal ISD group to review SMR04 will be set up and its finding will be circulated to the Service for comment.
Investigation of anomalies resulting from Coppish
This project involves the comparison of SMR00 and SMR01 data against ISD(S)1 and investigating significant differences. In addition information relating to the collection and submission of SMR and ISD(S)1 data is being collected by means of a meeting where a questionnaire is completed. Meetings have taken place for 75% of trusts covering 34 hospitals. For 25% of these the data has been entered into a database and returned to the trusts confirmation. To date no comment has been received and we will follow these up shortly.

SOCRATES - QA of Cancer Registration
Around 16 visits covering 20 hospitals have had their sample data assessed. This leaves 13 visits covering 27 hospitals to be done. The data collected is being passed to the Scottish Cancer Intelligence Unit in ISD for analysis and reporting.

At this point we would like to take the opportunity to thank again those hospitals visited for providing us with access to the required medical records.

SMR01 - QA
We are in the early stages of planning this project which will have several changes to QA methodology. These changes have come about as a result of regular review and consultation with the Service. We plan to write to our contacts soon outlining these changes.

Chris Jones
Data Quality Manager