CODING GUIDELINES

No. 7
November, 2000

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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CODING GUIDELINES - ICD10

INTRAMUCOSAL CARCINOMA (OF THE GASTROINTESTINAL TRACT)

Intramucosal carcinoma is a form of carcinoma in situ as the cancer cells are confined within the lamina propria (intramucosal) with no extension through muscularis mucosae into submucosa. As there is no clear index trail for this, coders should, in the absence of any other information, code according to site in the neoplasm table, under in situ.

MANDATORY 5TH CHARACTERS IN CHAPTER XIII

Please remember that it is mandatory to add a 5th character to codes in Chapter XIII Diseases of the musculoskeletal system and connective tissue (M00 - M99) wherever the category instructs:

[See site code pages ...............]

So a diagnosis of Arthritis where no site was specified should be coded to M13.99.

The only exception to this rule is where the site is already incorporated in the code description e.g. Trigger finger which may be coded to M65.3 without adding a fifth character.

DAGGER / ASTERISK CODES

The following new dagger asterisk pair codes have been set up in the validation files since the introduction of ICD10. Requests for additional codes to be added are dealt with by the Coding Advisory Service.

D48.9D G94.8A Para neoplastic brain stem syndrome
J18.0D J91.XA Bronchopneumonia with pleural effusion
J18.1D J91.XA Lobar pneumonia with pleural effusion
J18.2D J91.XA Hypostatic pneumonia with pleural effusion
J18.8 D J91.XA Other pneumonia with pleural effusion
E84.8D K77.8A Cystic fibrosis liver disease
E10.3D H45.0A Vitreous haemorrhage in insulin dependent diabetes
E11.3D H45.0A Vitreous haemorrhage in non-insulin dependent diabetes
E14.3D H45.0A Vitreous haemorrhage in unspecified diabetes
E10.3D H48.8A Oth disorders of optic nerve and visual pathways in insulin dep diabetes
E11.3D H48.8A Oth ordid of optic nerve and visual pathways in non-insulin dep diabetes
E14.3D H48.8A Oth disorders of optic nerve and visual pathways in unspecified diabetes
N18.9D D63.8A Anaemia in chronic renal failure
B65.1D N29.1A Oth disorder of kidney/ureter in schistosomiasis due to S mansoni
B65.2D N29.1A Oth disorder of kidney/ureter in schistosomiasis due to S japonicum
B65.3D N29.1A Oth disorder of kidney/ureter in schistosomiasis due to cercarial dermatitis
B65.8D N29.1A Oth disorder of kidney/ureter in schistosomiasis due to other schist
B65.9D N29.1A Oth disorder of kidney/ureter in schistosomiasis due to schist unspec
M06.0D D63.8A Anemia in seronegative Rheumatoid Arthritis
M06.9D D63.8A Anemia in Rheumatoid Arthritis Unspecified
C34.9D G73.1A Eaton-Lambert syndrome in malignant neoplasm of bronchus or lung unspec
M32.1D I41.8A Lupus myocarditis
M24.26D G63.6A Polyneuropathy in disorder of ligament (lower leg)
C85.7D J91.XA Other specified types of non-Hodgkin's lymphoma with pleural effusion
A41.8D N16.0A Acute pyelonephritis secondary to sepsis due to E coli
C78.0D J91.XA Malignant neoplasm of breast, unspecified with pleural effusion
C50.6D J91.XA Malignant neoplasm of overlapping lesion of breast with pleural effusion
C50.5D J91.XA Malignant neoplasm of lower-outer quadrant of breast with pleural effusion
C50.4D J91.XA Malignant neoplasm of upper-outer quadrant of breast with pleural effusion
C50.3D J91.XA Malignant neoplasm of lower-inner quadrant of breast with pleural effusion
C50.2D J91.XA Malignant neoplasm of upper-inner quadrant of breast with pleural effusion
C50.1D J91.XA Malignant neoplasm of central portion of breast with pleural effusion
C50.0D J91.XA Malignant neoplasm of nipple and areola with pleural effusion
A41.5D N16.0A Renal tubulo interstitial disorders in sepsis due to other gram-negative organisms
D59.3D G05.8A Encephalitis resulting from haemolytic-uraemic syndrome
C45.0D J91.XA Pleural effusion in mesothelioma of pleura
M32.1D J99.1A Systemic Lupus Erythematosus with lung involvement
C90.0D M49.5A Vertebral collapse in multiple myeloma
C90.0D M49.50A Multiple vertebral collapse in multiple myeloma
C90.0D M49.51A Occipito-atlanto-axial vertebral collapse in multiple myeloma
C90.0D M49.52A Cervical vertebral collapse in multiple myeloma
C90.0D M49.53A Cervicothoracic vertebral collapse in multiple myeloma
C90.0D M49.54A Thoracic vertebral collapse in multiple myeloma
C90.0D M49.55A Thoracolumbar vertebral collapse in multiple myeloma
C90.0D M49.56A Lumbar vertebral collapse in multiple myeloma
C90.0D M49.57A Lumbosacral vertebral collapse in multiple myeloma
C90.0D M49.58A Sacral and sacrococcygeal vertebral collapse in multiple myeloma
C90.0D M49.59A Site unspecified vertebral collapse in multiple myeloma
D69.0D N08.2A Glomerular disorder in Henoch-Schoenlein purpura
C78.2D J91.XA Pleural effusion in secondary malignant neoplasm of pleura
J18.9D J91.XA Pneumonia with pleural effusion
C85.9D J91.XA Non-Hodgkin's Lymphoma with pleural effusion
C34.9D J91.XA Malignant neoplasm of bronchus with pleural effusion
I50.0D J91.XA Congestive heart failure with pleural effusion
CODING GUIDELINES - OPCS4

MOSAICPLASTY
There are many different types of Mosaicplasty and each should be coded according to the individual set of casenotes.
However, it was agreed by the National Clinical Coding Review Panel -
For a mosaicplasty on a joint with no further qualification:-
  Open Procedure
    W71.8 Other specified open operations on intraarticular structure
    Y27.1 Autograft to organ
  Endoscopic Procedure
    W83.8 Other specified therapeutic endoscopic operations on other articular cartilage
    Y27.1 Autograft to organ noc
  [Rest of UK will add Y67.8 Other specified harvest of other multiple tissue, if appropriate]

THERAPEUTIC AND DIAGNOSTIC PROCEDURES IN SAME EPISODE
Following an analysis carried out by the Coronary Heart Disease Task Force it has become apparent that some sites are not adhering to the general principle of recording therapeutic procedures before any diagnostic procedure.

In this particular case sites have recorded procedures such as K63.- Contrast Radiology of Heart in Main Operation field followed by K49.- Transluminal Balloon Angioplasty of Coronary Artery in Other Operation fields. Even though the radiology may occur prior to the angioplasty, the fact that the angioplasty was a therapeutic procedure means from a coding perspective that this procedure is the most clinically significant and therefore should be coded before any diagnostic procedure.

A similar principle was reiterated in Coding Guidelines No 3 June 1999.

EPONYM HYNES (E21.1)
Because there are differences in the way HYNES procedure can be performed, the Coding Review Panel (CRP) have agreed that the index entry should be amended to read:
   E21.- Hynes Pharyngoplasty.

SHORT LIST OF PROCEDURES SMR DATA MANUAL
Please add the following to Short List of Procedures performed on Outpatients.
PAIN CONTROL
Fentanyl Patches [opiate/analgesic]……………………..S53.8
This is a new procedure mainly used for terminal care.

It has also been noticed that there are typing errors on the Short List of Procedures. Please amend SMR Data Manuals.

P6-27 (Surgery Procedures)
Golfers elbow - injection .................................T74.8 Y38.9
p 6-30 (Skin Procedures)
Laser destruction skin of face nec……………………S09.1 Z47.9
Shave excision of leg/hip/ankle ..........................S06.4 Z50.4

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DATA QUALITY ASSURANCE (DQA) NEWS

GENERAL
Due to the success of the 2 secondments who joined the QA team in February this year we have taken on another 2! Carole Dick from Lothian University Hospitals NHS Trust and Ruth Buchanan from Highland Acute Hospitals NHS Trust will be joining the team in October.

Clare Campbell from Argyll and Clyde Health Board has joined SMR and Standards Unit on a 6 month secondment.

NATIONAL PROJECTS

Investigation Of Anomalies Resulting From Coppish
This project involves the comparison of SMR00 and SMR01 data against ISD(S)1. The final report will be produced and issued by the middle of October. Findings for inpatients and day cases show that differences are mostly due to the PAS/HISS programs treating the data sets differently. For outpatients differences are mostly due to the lack of clarity between trusts on which trust should be submitting SMR00 data.

Ruptured Aortic Aneurysms
The team are investigating over 300 SMR1/01 episodes (from the linked dataset) that have a diagnosis of ruptured aortic aneurysm, but did not have an operation recorded yet were still alive after 30 days. The data ranges from 1990 to 1998 and involves 48 Scottish Hospitals.

SMR01, Clinical Priorities And Outcomes
It is hoped that this project will start in November this year. Our sample will be taken from all diagnoses on SMR01 and will also concentrate on the clinical priorities and outcomes Coronary Heart Disease, Fracture Neck of Femur, Acute Myocardial Infarction and Strokes.

Due to a review of our procedures and comments from our contacts at hospitals, we are making a few changes to the way the team carries out QA. Before we carry out the assessments at individual Trusts, we will meet with the Medical Records/Information Managers to discuss changes to the process. Some of these changes are outlined below.

I. Choice of a default QA (all trusts will receive this regardless) or a more detailed QA
II. We now collect the information on laptops, therefore, access to power sockets as well as desk space is required.
III. Coding staff will be invited to sit with us and see the QA process in detail. This has proved invaluable to the QA team as we find out more information on coding issues at the trust.
IV. We would like to discuss all clinical errors on completion of the assessment visit.
V. Where the trust agrees that QA were correct we will ask that the details are changed on PAS/HISS. This should then trigger an amendment SMR01 to be sent to ISD.
SMR04
The Scotland report was produced and distributed in the middle of August to all Trusts involved in the project and all Health Board Information Staff. If you would like a copy please contact us.

SOCRATES – QA Of Cancer Registration
QA of about 3,000 - 3,500 registrations from 1997 data including all cancers, except non-melanoma skin cancers. All hospitals have been visited. Currently the oncology centres are being visited to complete the assessment of registrations that have outstanding radiotherapy and chemotherapy data that could not be assessed from the hospital of registration medical record. Once this has been completed the data will be passed to the Scottish Intelligence Cancer Unit in ISD for analysis.

GENERAL INFORMATION

NATIONAL CLINICAL CODING QUALIFICATION

It has been agreed by the NHSIA and IHRIM that, as from April 2001, there will be only one annual sitting of the national exam.

Coders who passed the IHRIM Coding Qualification and who are considering upgrading their pass to the 'Accredited Clinical Coder' status should note that the final date for submission of portfolios is by Noon on 31st July 2001.

Anyone considering this way of obtaining the 'ACC' should register their intention as soon as possible.

Details and the appropriate form can be obtained by writing to or calling;
Brian Lund
Chief Executive IHRIM (UK)
115 Willoughby Road
BOSTON
Lincs. PE21 9HR
Tel: 01205 368870

Attendance at refresher ICD/OPCS training courses, Coding Workshops and SMR Roadshows are all relevant to portfolios. You should ask the person taking the session to ensure your name is on the minutes/attendance register and file a copy of this along with the agenda in your portfolio. If you have attended any such sessions without keeping details, get in touch with the ISD contact who organised it and ask if it is possible to have confirmation of attendance sent to you.

NEW CHARGES FOR ICD10 AND OPCS4 COURSES

As part of ISD’s review of charging policy, I am pleased to inform you that until March 2001 the charges for training in ICD10 and OPCS4 are now set at £160 per day, plus expenses. This is the daily rate regardless of the number of participants attending a course. Where participants are from a number of different Trusts, this fee will be calculated on a pro rata basis.

Any queries on this or expressions of interest in any training should be indicated to your Clinical Coding Tutor in the first instance.
REGISTER OF CODERS
In the past the SCCC has kept a list of names of part-time and retired coding staff who had expressed interest in helping out with coding in Trusts other than their own.
This list requires to be updated. If any current or recently retired staff would be interested in being on the list, contact the Coding Tutor for your area in the first instance.
Please note that the SCCC does NOT employ or negotiate employment for the contacts.

DOCTORS’ LEAFLETS
We have recently re-printed our leaflet - ‘National Health Information - the Doctor’s Role’ and a copy is enclosed with these guidelines. This handy sized leaflet is free of charge. They are aimed at all doctors working within a hospital environment (particularly rotating junior doctors), providing an overview of the process involved in collecting the national information and statistics.

These have been circulated in the past and it has become apparent that some sites are distributing photocopies, as they were not aware they could order more from ISD. It is important that original copies are used as this adds impact and helps get the important message of the doctor’s role across.

If any trust would like more copies of this leaflet for distribution to their medical staff, please complete the reply slip below and return it to Mrs. Diane Dalgity, Room B035, Trinity Park House, South Trinity Road, Edinburgh EH5 3SQ

Name ………………………………  Job Title ………………………………………
Trust ……………………………………………………………………………………
Address ………………………………………………………………………………..
………………………………………………………………………………………….
Tutor’s name ………………………………………………………………………….
Number of copies requested ………………………………………………………..