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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Anaemia due to neoplasm

When a patient is admitted for treatment of anaemia due to a neoplasm and the neoplasm is an ongoing condition, it is recorded with a dagger code to identify the neoplasm followed by D63.0A to identify the anaemia.

- *However, if the anaemia is a normal manifestation of a neoplastic disease, eg leukaemia, myeloma or myelodysplasia, only one code to identify the neoplasm should be recorded.*

Coders have asked if this also applies to lymphomas eg Non-hodgkins. The decision is that for lymphomas the anaemia should be added following the dagger/asterisk principle outlined above.

Soft Tissue Injury

When coding the term ‘soft tissue injury’ this generally means that no bones have been broken. The question has arisen as to whether to code Soft Tissue Injury to superficial injury or injury to muscle. It has been decided that the default code should be unspecified injury. Therefore, in the absence of further information code Soft Tissue Injury to Back as:

S39.9 – Unspecified injury of abdomen, lower back and pelvis + External cause code.

Use of code Z53.- Procedure not carried out

When training, tutors always emphasise that if the use of code: 
Z53.- ‘Persons encountering health services for specific procedures, not carried’ is appropriate, it should always be used in first position, followed by the diagnosis for which the patient requires treatment. It has come to our attention that some sites are using this code in other positions.

**From 1st October 2001, an error will be generated if these codes are used in any condition apart from main condition.**

NIDDM patients on insulin

It has come to our attention that there are differences in the way sites are coding Non-Insulin Dependent Diabetic Patients treated with Insulin.

If a Non-Insulin Dependent Diabetes Mellitus (Type II / Maturity Onset Diabetic) patient is being treated by means of Insulin Injections this means they become *Insulin treated* Non-Insulin Dependent Diabetics. They should **continue** to be coded to E11.- (NIDDM).
They do **NOT** become Insulin Dependent Diabetics (IDDM) at E10.-.

Please code Type I Diabetes Mellitus to E10.- and Type II Diabetes Mellitus to E11.-

**All sites please ensure they code in the above manner, if not already doing so, by 1\(\text{st}\) October 2001.**

**Deep Vein Thrombosis (DVT) caused by travel**

National advice has been issued for ‘DVT caused by travel’. This should be coded to:

- I80.2 Deep vein thrombosis NOS
- X51.- Travel and motion

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**Coding Guidelines - OPCS4**

**Removal of Reveal Loop Recorder**

Following advice given in Coding Guideline No 8 for Insertion of Loop Recorder, additional instructions are now issued for coding ‘Removal of Loop Recorder’. This should be coded to:

- S62.3 - Removal of inserted substance from subcutaneous tissue with
- Z49.3 - Skin of anterior trunk

**CLO Test**

A CLO test normally involves a biopsy of the antrum of the stomach. Therefore, in the absence of further information, this should be coded to:

- G45.1 - Fibreoptic endoscopic examination of upper gastrointestinal tract and biopsy of lesion of upper gastrointestinal tract with
- Z27.2 - Stomach

**Bronchoscopy with biopsy, washings and brushings**

How would I code to show that all three procedures had been carried out? As the Scottish validation would not allow us to add both the Y21.1 (brushings) and Y21.8 (washings) to the E49.1 (bronchoscopy with biopsy) advice is to code as follows:

- E49.1 Diagnostic fibreoptic endoscopic examination of lower respiratory tract and biopsy of lesion with
- Y21.9 [multiple] Unspecified cytology of organ

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Snare Resection of polyps from both sigmoid and rectum

As this is a therapeutic procedure should I code the colonoscopy twice with the appropriate Z code for each of the sites?
No, code the procedure only once:

- H23.1 Endoscopic snare resection of lesion of lower bowel using fibreoptic sigmoidoscope
- Z29.8 (multiple) specified part of bowel nec

ECG

The SCCC advises coders to check out thoroughly the meaning of abbreviations as the same abbreviation can have a number of different meanings depending on the context in which it is used. For example, a recent audit came across ECG, which is universally used as an abbreviation for Electrocardiogram (check your medical dictionaries!), and would not normally be coded. The phrase ECG was assumed by the coders to be an *Echo*cardiogram which is the use of ultrasound waves to investigate and display the action of the heart as it beats.

Where doctors consistently use abbreviations it is useful for the coding staff to agree on the interpretation of the abbreviations and document this for future coders and auditors. Obviously abbreviations will change over time and such a document would need regular updating.

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General Information

Web Site

Did you know that Coding Guidelines can now be found on the Web? Articles from all previous Coding Guidelines and Coding Quarterlies can be found on our Clinical Coding Web page:

www.show.scot.nhs.uk/isd/isd_services/NHSiS_services/National_data_standards/coding_guidelines.htm

Updating Coding books, Training Manuals and Encoders

As part of routine visits to sites it has been observed that not all coders are updating their ICD10/OPCS4 books and training manuals with decisions given out in Coding Guidelines/Coding Quarterlies. This publication is issued to the service in an attempt to ensure consistency in recording and thus maintain/improve data quality. It is essential that all ICD10/OPCS4 books be updated with these decisions. In addition, sites using encoder packages e.g. Medicode should ensure the appropriate prompts are in place to remind coders. Could you please ensure that all books/systems at your site are fully updated. If
you have not got all previous copies, of the publication these may be obtained from our Web site (see above) or from Diane Dalgity at ISD (0131 – 551 – 8752).

Definition of a Delivery

For the purposes of determining whether an SMR02 or an SMR02D is completed, “delivery” has been defined as “the expulsion or extraction of the baby from the mother”. This means that if the mother delivers the baby at home as planned, but is admitted to hospital for the removal of the placenta, then an SMR02D should be submitted for the home delivery, followed by an SMR02 postnatal episode for the hospital admission. Please note that where the mother unexpectedly delivers the baby at home (ie this is not as planned) and she is admitted to hospital for the removal of the placenta, then an SMR02 only should be submitted by the hospital detailing that the patient delivered before arrival. No SMR02D is required.

National Clinical Coding Qualification

Congratulations to Hazel Reid (Grampian) on gaining her National Clinical Coding Qualification by submitting a portfolio. Hazel and Mary Virtue from ISD were recently presented with their certificates at the IHRIM conference in Dunblane.

Well done both.

Retiral

Maria Dunlop (Coding Tutor for Greater Glasgow) is due to retire on 10th August, 2001. We all wish Maria a long and happy retirement.

Data Quality Assurance News

SMR01 and Cleaning SMR data

To date 9 hospitals have had a sample of their SMR01 data assessed. All outstanding preliminary reports for these hospitals will be issued by the middle of July.

During the foreseeable future the team will be focusing their time on ‘cleaning’ the national SMR files. This will involve looking at

- Possible duplicates - 2 or more SMRs submitted with exactly the same details recorded
- SMRs that have an error identified in the record once it has been through validation
- SMRs that seem to have overlapping stays – excluding embedded day cases

Part of this work will involve visiting trusts and discussing these areas. Once this work is completed the team will re-start the SMR01 project.
Clinical Priorities and Clinical Outcomes

This part of the SMR01 project will concentrate specifically on those trusts/hospitals perceived to have areas of concern. It is hoped that we will visit the hospitals late summer/early autumn.

Staffing Changes Since Coding Guidelines 8

There have been a number of staffing changes within the Clinical Coding and Data Quality Team.

Read Code Advisor

Gillian Boyle has moved to take up the post of Project Manager for the Scottish Birth Record, which she started beginning of March 2001. Gillian’s replacement is Pauline Mills, who joined us from Lothian Health Board in June 2001.

Data Quality Advisor

Ruth Buchanan left the DQA team to join the Scottish Audit of Surgical Mortality team as an Audit Assistant based in Glasgow.
Carole Dick has returned to Lothian Acute Hospitals NHS Trust.
Val Borland has taken up the post of SCI Implementation Manager based at GPASS, Hillington. Val’s replacement is Meena Ghori who has just recently joined the team.