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Foreword

The first issue of the Coding Quarterly (November, 1996) was well received by the Service. Thanks to all those who commented favourably, either by writing to the Centre or through their Clinical Coding Tutor.

It is intended to use the Coding Quarterly to issue guidance on general coding issues and specific coding queries which arise frequently. Other matters of general interest relating to the work of the Scottish Clinical Coding Centre (SCCC) and Quality Assessment and Accreditation (QAA) will also be included.

A summary list of the codes covered in the Coding Quarterly throughout the year will be issued annually with the May edition.

If there are any coding issues that you would like to see covered in the Coding Quarterly, please contact the SCCC.

The Scottish Clinical Coding Centre (SCCC) and Quality Assessment and Accreditation (QAA) form Unit 7 at ISD Scotland.

SCCC is responsible for all clinical coding related matters in the NHS in Scotland, including ICD10, OPCS4 and Read coding.

A coding advisory service is provided by the SCCC to give help and guidance to coders and others with specific coding problems and queries, and to advise on any other issues relating to clinical coding.

Coding queries that cannot be resolved easily are referred to the Clinical Coding Review Group (CCRG). This group meets monthly in the SCCC and comprises Consultants in Public Health Medicine, Clinical Coding Tutors and other members of QAA and SCCC staff. The CCRG’s resolutions are communicated to the Coding Review Panel at the NHS Centre for Coding and Classification in England. In this way, consistency in coding policy and practice throughout the UK can be maintained. Any problems that cannot be resolved at the CCRG, or that require changes to the UK coding policy, are further discussed at the Coding Review Panel, and may be referred to the World Health Organisation (WHO).

CODING ADVISORY SERVICE
Tel 0131-551 8345

QAA is responsible for monitoring the quality of central returns against nationally agreed standards in terms of accuracy, completeness, consistency and fitness for purpose, offering recommendations for improving data quality.

In addition, QAA undertakes specific data quality projects, on request, for purchasers, providers and clinicians.

Coding queries relating to QAA projects should be referred to QAA rather than SCCC. Tel. 0131-551 8005/8976.
SCCC / QAA News

KATE HARLEY, Manager of the SCCC and QAA, is back from maternity leave.

MARIA DUNLOP, Coding Tutor for Greater Glasgow and the Western Isles, has been on sick leave since January for a planned operation. She is recovering well and hopes to return to work in March. Meanwhile, the other tutors will cover any training requests, and deal with any queries/problems arising in her area.

ESTHER MORRIS - An O80.0 is expected in June!

KAREN MACINNES left the QAA team in December to take up her new post as a Clinical Data Associate with a contract research agency. Karen worked in QAA for over 2 years and now has the opportunity to use the skills she learned in the private sector. We all wish her well.

QAA CURRENT ACTIVITY
The Quality Assessment and Accreditation Team are currently in the midst of carrying out data quality assessments on SMR01 for the larger general and specialist hospitals. The scope of the assessment covers all mandatory and high priority Coppish data items and forms part of the QAA in Coppish Project.

To date assessments have been carried out at the following hospitals:
- Borders General Hospital, Melrose
- St John's Hospital at Howden, Livingston
- Victoria Hospital, Kirkcaldy
- Raigmore Hospital, Inverness
- Caithness General Hospital, Wick
- Eastern General Hospital, Edinburgh
- City Hospital, Edinburgh
- Princess Margaret Rose Orthopaedic Hospital, Edinburgh
- Aberdeen Royal Infirmary
- Royal Aberdeen Children’s Hospital
- Woodend General Hospital, Aberdeen
- Queen Margaret Hospital, Dunfermline
- Western Infirmary/Gartnavel General/Beatson Oncology Centre Glasgow
- Royal Hospital for Sick Children, Edinburgh
- Western General Hospital, Edinburgh

Results of these assessments should be issued to the above hospitals by the end of February, 1997.

QAA have received confirmed dates to carry out assessments at the following hospitals:

Scheduling for Compas sites will begin shortly. In addition, plans are being put in place for assessing SMR02 data.
Training

Coppish

Most Trusts have now converted to the new Coppish datasets. Training, which emphasises the changes in the datasets and looks in detail at the new coding structure is still available to any site requiring help. It is imperative that all staff involved in collecting and/or processing Coppish data receive training. Please contact SCCC or the Clinical Coding Tutor for your area to arrange suitable dates for training.

ICD10/OPCS4

Most coding staff have now been trained in ICD10 and OPCS4 as required but any site with requirements for training should contact SCCC as soon as possible.

Anatomy and Physiology

A two day course in basic Anatomy and Physiology is available for coders. For more information, please contact SCCC or the Clinical Coding Tutor for your area.

Read codes

Training and/or advice on Read codes is available from the SCCC. Please phone Gillian Boyle for further details (0131-551 8424).

GP Fundholders

Some GP Fundholding practices have had training in ICD10 and/or OPCS4 coding. If you know of any practices in your area which are interested in ICD10, OPCS4 or Coppish training, please advise the SCCC.

Coding Guidelines – ICD10

Arterial disease

Diagnosis of “rest pain”, “ischaemic leg” and “ischaemic leg ulcer” all indicate that the patient has peripheral vascular disease (PVD). Code to I73.9 (PVD) with an additional code for the leg ulcer where applicable.

Multiple Rehabilitation Procedures

A patient who has treatment involving several rehabilitation procedures which have not been identified separately should be coded to Z50.8 - Care involving use of other rehabilitation procedures.
Sequelae Codes

Sometimes a condition or disease has been caused by another disease which is no longer present. One is said to be the sequelae (late effect) of the other. For example, deafness may be a sequelae of meningitis; therefore a diagnosis of deafness as a late effect of meningitis would be coded to

H91.9 Deafness NOS
G09.X Sequelae of inflammatory diseases of central nervous system

Sequelae codes should never be used in main condition, but always as a supplementary code to the current problem. These guidelines are given in the Clinical Coding Instruction Manual. Any sequelae diagnosis with no further information e.g. ‘Old CVA’, needs to be referred back to the clinician for further information on the current problem.

Recurrent Tonsillitis

Following discussion at CCRG the decision was taken that the index is correct and recurrent tonsillitis should be coded to

J03.9 - Acute tonsillitis, unspecified.

Index trail -
Recurrent - see condition
Tonsillitis (acute).......J03.9

Abortion codes on SMR02

On SMR02 abortions must be coded under Main Condition (in ICD10) from 1 April 1997 in addition to coding under the data item Type of Abortion.

E Coli 0157

Where E Coli is identified as 0157, the correct ICD10 code is A04.1 because this particular strain is enterotoxigenic.
Where E Coli is the cause of other diseases, the code would be B96.2, for any form of E Coli and would always be coded in a secondary position to the current problem.

Convalescence on SMR01

The rules for coding convalescence have been discussed at the CCRG and the decision made was to abide by the current rules.
A patient who has had a condition treated in an acute hospital and is then transferred to another unit for convalescence is still being treated for that condition. Code the problem being treated first with the code for convalescence as a supplementary code. A patient treated at an acute hospital for a fracture of neck of femur caused by a fall at home, and then transferred to another unit for convalescence would be coded as follows for the second episode.

S72.00 - Fracture of neck of femur (closed)
W19.0 - Unspecified fall at home
Z54.4 - Convalescence following treatment of fracture

There are circumstances where patients are brought in directly from the waiting list specifically for convalescence or rehabilitation and no other information is available. Under
these circumstances convalescence or rehabilitation may be entered as the main condition, but will be queried on validation.

Coding HIV disease
A list of HIV codes which do NOT require dual coding was published in Coding Quarterly No.1 (page 3). One code should be added: **B23.1 HIV disease resulting in (persistent) generalised lymphadenopathy**. The full list is:

- B20.6 HIV disease resulting in Pneumocystis carinii pneumonia
- B22.1 HIV disease resulting in lymphoid interstitial pneumonitis
- B22.2 HIV disease resulting in wasting syndrome
- B23.0 Acute HIV infection syndrome
- B23.1 HIV disease resulting in (persistent) generalised lymphadenopathy
- B24.X Unspecified HIV disease
ICD10 Index

The following amendments to the ICD10 Index have been approved by the WHO

p 224 Fever
- persistent (of unknown origin) **R50.1** *(amend code from R50.8)*

p249 Grand mal
- epilepsy (idiopathic) **G40.6** *(amend code from G40.3)*

p270 Hydatid
- Morgagni’s
- - male **Q55.4** *(amend code from Q55.8)*

p361 Mucocele
- lacrimal sac **H04.4** *(amend code from H04.6)*

p469 Pyrexia (of unknown origin)
- persistent **R50.1** *(amend code from R50.8)*

p526 Syphilis, syphilitic
- neuritis
- - acoustic **A52.1† H94.0* (amend code from G94.0*)

You should also add the following to your index:

Effusion
- pleural
- - malignant **C78.2**

Paresthesia **R20.2**

Coding Guidelines — OPCS4

Amendment to Coding Update

The Coding Update of April 1996 gave OPCS4 codes Q39.9 and Q41.3 for Laparoscopic hydrotubation. These are incorrect. The correct codes are

Q41.2 - Hydrotubation of fallopian tube; with
Y50.8 - Access minimal
ORTHOPAEDICS WORDSEARCH

W C N M T A R S A L S L
I F V A M O E T S O H W
X T D W O B L E K R O J
M E D U L L A R Y D G V
H N E P I H G N I O P F
L D A K G J F U U S T E
S O G U A C T M S I Z L
L N F E M U R R Q S X B
A Y M N E D B A R T A I
P E E G N I H O N H R D
R O P D T C A I B I T N
A N L U S S O E B C U A
C E B Q P J A S R U B M

The clues below can be found in the above grid. They may be forward, backward, horizontal, vertical or diagonal. No prizes, but have fun! Answers in the next issue of Coding Quarterly.

CLUES
1. Hollow canal in centre of long bone _________
2. These hold bones together at the joints _________
3. The longest, strongest bone in the body ________
4. Bones which protect the brain _____________
5. Breastbone _________
6. Fibrous tissue which connects muscle to bone ________
7. Twelve pairs of these in the thoracic cavity ______
8. The site where 2 or more bones come together ______
9. The only moveable bone in the skull __________
10. One of the bones in the forearm _______
11. These joints allow movement in one plane only ______
12. Ball and socket joint between pelvis and femur ___
13. Shinbone _______
14. Bones in the wrist __________
15. Joint connecting humerus to radius and ulna ______
16. Ankle bones __________
17. Inward curvature of the cervical or lumbar spine __________
18. Benign bone tumour __________
19. Sac of fluid ________

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