Scottish Clinical Coding Centre

CODING QUARTERLY

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Foreword

The Coding Quarterly is used 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) are also included.

A summary list of the codes covered in the Coding Quarterly throughout the year is issued annually: first list is included in this edition.

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

Unit 7, the unit at ISD Scotland comprising the Scottish Clinical Coding Centre (SCCC) and Quality Assessment and Accreditation (QAA), has recently been renamed “Quality, Coding and Training”.

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 SCC 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 SCC 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 the SCCC.
Tel. 0131-551 8005/8976
ESTHER MORRIS will be going on maternity leave in early June. While she is away, LIZ WILLIAMSON will be the contact for Forth Valley and Dumfries & Galloway; CAROL ROULSTON will be the contact for Ayrshire and Arran.

ALLISON GILCHRIST has returned to ISD Scotland from her secondment to Law hospital for the Read version 2 pilot study and will split her time between the SMR Data Accreditation project and Law hospital.

ANN WARD now has the lead role in supporting use of Read codes in Child Health information systems. Ann will continue with her training role for Lothian and the Borders.

ROSANNE MACQUEEN left the QAA team in April to resume her nursing career in Dundee. We wish her well in her new post.

MARY VIRTUE will be spending more time with the QAA team. As part of this work she will be fully trained in the procedures carried out by all other QAA staff.

Coding tutors and QAA staff are currently arranging follow-up visits to sites who have received their report on the assessment of data quality SMR01 1996/97.
Training

Coppish

All 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 the 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. An ongoing training programme is being maintained, and any site with requirements for training should contact the SCCC.

Anatomy and Physiology

A two day course in basic Anatomy and Physiology is available for coders. For more information, please contact the 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 OPCS4, ICD10, or Coppish training, please advise the SCCC.
Coding Guidelines - ICD10

Removal of Grommets

Patient who had grommets inserted for glue ear returns to have the grommets removed (glue ear having cleared). What codes should be used?

- Z45.8 Adjustment and management of other implanted devices
- Z86.6 Personal history of diseases of the nervous system and sense organs

If the glue ear had not cleared up the codes would be

- H65.3 Chronic mucoid otitis media
- Z45.8 Adjustment and management of other implanted devices

Cancer patients admitted for chemotherapy

When patients with cancer are admitted to hospital for chemotherapy how should this be coded?

When the patient is being admitted specifically for chemotherapy, the ICD10 code Z51.1 Chemotherapy session for neoplasm should always be used after the code(s) for neoplasm(s). The appropriate OPCS4 code to identify the route of administration of the chemotherapy (eg X35.2 Intravenous chemotherapy) should also be recorded, if relevant.

In cases where the patient is receiving chemotherapy as part of routine inpatient care, but was not admitted specifically for this treatment, the coding is slightly different. It is not necessary to code chemotherapy in the diagnostic section. It is only necessary to record the OPCS4 code, if appropriate.

Prosthetic device at the end of its natural life

Many prostheses have a limited lifespan and eventually need to be replaced. For example, a prosthetic heart valve may need to be replaced 8 to 10 years after the original operation. This condition is regarded as a complication of the prosthetic device and is coded to T82.- to T85.- (Complications of ..... devices, implants and grafts) depending on which type of prosthetic implant, device or graft is involved.

Drugs and alcohol poisoning

If an overdose of drugs has been taken along with alcohol, code this to a poisoning by the drug and by the alcohol (see the ICD10 Clinical Coding Instruction Manual, page XIX-23). If in addition the clinician mentions that the patient is drunk or alcohol dependent, a code from F10.- (Mental and behavioural disorders due to use of alcohol) should also be used.
Patient who takes overdose transferred to psychiatric hospital

A patient with depression attempts suicide by taking an overdose of paracetamol and is admitted to an acute hospital for treatment. After this they are transferred to a psychiatric hospital for treatment of the depression. How should this episode be coded in the psychiatric hospital?

SMR04

On admission

Code depression

F32.9 Depression NOS

followed by suicide attempt

T39.1 Poisoning by 4-aminophenol derivatives
X60.9 Intentional self poisoning by...nonopioid analgesics..

On discharge

Code depression

F32.9 Depression NOS

followed by personal history of self-harm

Z91.5 Personal history of self-harm

Termination of pregnancy using Mifepristone (RU486)

This drug, which is given orally, has a management plan spanning 48 hours. For SMR01 (or SMR02) completion, the following rules apply:

Initial Treatment: The drug Mifepristone (RU486) is usually given as an outpatient and therefore no SMR01 is required.

All patients are then provisionally booked in as day cases 48 hours later and the following conditions apply for completion of the SMR01 (or SMR02) for the subsequent episode.

A) Those who have aborted completely during the 48 hour period will not be admitted as a day case (they will be regarded as an outpatient) and no SMR01 (or SMR02) will be required.
B) The remainder who have not aborted completely will be admitted and will require an SMR01 (or SMR02). Some will have had bleeding and will require oral or vaginal prostaglandins during the day case admission.

Code as follows:

**Diagnostic Section:**
Main Condition

O04.1 Medical abortion, incomplete, complicated by delayed or excessive haemorrhage

**Operation Section:**
Prostaglandins administered orally — *no procedure code is required.*

Add the following diagnostic code to the above termination code:

Z51.2 Other chemotherapy

Prostaglandins given vaginally:

Q14.5 Insertion of prostaglandin pessary

Occasionally, patients will require evacuation of the uterus rather than prostaglandin treatment. The diagnoses should be coded as above (ie O04.1) but the main operation code should be selected from category Q11.- using the appropriate 4th-digit to indicate the method.

Q11.- Evacuation of uterus
(4th-digit as appropriate).

C) A few patients may require an additional admission for delayed bleeding some days later. Code as follows:

**Diagnostic Section:**
Main Condition

O08.1 Delayed or excessive haemorrhage following abortion....

**Operation Section:**
The OPCS code to indicate the procedure used to manage the problem should be entered.

D) Finally, a small number of women do not abort after administration of the drug and have no symptoms such as bleeding. These patients are admitted for termination with the codes as follows:

**Diagnostic Section:**
Main Condition

O07.- Failed attempted abortion

**Operation Section:**
Appropriate OPCS code to indicate the procedure.

Postnatal administration of Anti D
When a patient is given Anti D injection in the postnatal period, this should be coded to Z29.1 Prophylactic immunotherapy.

Helicobacter positive

A patient who has a helicobacter test which is positive is regarded as having a helicobacter infection. This should be coded to A04.8 Other specified bacterial intestinal infections
External cause codes

There is a common misconception that external cause codes can only be used after codes from Chapter XIX, “Injury, poisoning and certain other consequences of external causes”. The note at the beginning of Chapter XX states: “Other conditions that may be stated to be due to external causes are classified in Chapters I to XVIII” and so where relevant, Chapter XX codes should be added to these.

Example: Haematuria caused by jogging

R31.X  Haematuria
X50.9  Overexertion and strenuous or repetitive movements

Observation codes ( Z03.- and Z04.- ) — when to use them

Every patient in hospital is observed and examined so it is not normally necessary to code these. However, these codes should be used when there is a reason (eg. symptoms, history) for suspecting that the patient may have a condition but after a period of observation there is found to be no condition present.

Examples:

a) child found with empty medicine bottle
   
   Z03.6  Observation for suspected toxic effect from ingested substance.

b) a patient was kept in hospital overnight with a minor condition (eg. superficial head injury) which would not normally warrant an overnight stay

   S00.9  Superficial injury of head, part unspecified
   X59.9  Accident NOS
   Z04.3  Examination and observation following other accident
General Information

Anonymised patient data

When sending patient information to the SCCC in connection with coding queries, please remember to blank out any patient identifiable data i.e. name, address including postcode, and unique reference number (e.g. CHI number, hospital case reference number/patient identifier, NHS number, GMC number, etc.) This is in order to comply with Scottish Health Service confidentiality procedures.

Clinical Coding Coordinators meeting

Reminder that this meeting is on Thursday 5th June at Victoria Quay, Edinburgh.

Coding personnel

In the SCCC we are often asked if we know of anyone willing to undertake short term coding contracts for trusts. If you are interested in having your name passed on to enquirers, please contact the SCCC with details of your coding experience. All information will be treated in the strictest confidence.
Orthopaedics Wordsearch

Clues and ANSWERS

1. Hollow canal in centre of long bone    MEDULLARY
2. These hold bones together at the joints   LIGAMENTS
3. The longest, strongest bone in the body    FEMUR
4. Bones which protect the brain   CRANIUM
5. Breastbone   STERNUM
6. Fibrous tissue which connects muscle to bone   TENDON
7. Twelve pairs of these in the thoracic cavity   RIBS
8. The site where 2 or more bones come together    JOINT
9. The only moveable bone in the skull    MANDIBLE
10. One of the bones in the forearm   ULNA
11. These joints allow movement in one plane only   HINGE
12. Ball and socket joint between pelvis and femur   HIP
13. Shinbone   TIBIA
14. Bones in the wrist   CARPALS
15. Joint connecting humerus to radius and ulna   ELBOW
16. Ankle bones   TARSALS
17. Inward curvature of the cervical or lumbar spine    LORDOSIS
18. Benign bone tumour   OSTEOMA
19. Sac of fluid   BURSA

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Coding Guidelines - Cumulative Summary

ICD10

Abortion codes on SMR02 .............................................................. February 1997
Alcohol-related conditions ............................................................CG May 1996
Arterial disease ............................................................................February 1997
Cancelled procedure, condition resolved ..................................November 1996
Clicking hip ...................................................................................November 1996
Coding HIV disease ................................................................. February 1997
Coding HIV disease in ICD10 ........................................................November 1996
Coding poisonings with the drug Ecstasy ......................................November 1996
Conditions caused by an infectious agent ....................................November 1996
Conditions in pregnancy ............................................................. CG May 1996
Convalescence on SMR01 ............................................................February 1997
Dagger and asterisk coding ...........................................................CG May 1996
E Coli 157 .................................................................................... February 1997
Helicobacter infection ............................................................... November 1996
Helicobacter pylori infection ........................................................CG May 1996
Injury with tendon involvement ..................................................November 1996
Malignant pleural effusion ............................................................November 1996
MRSA (Methicillin resistant staphylococcus aureus) ................. CG May 1996
Multi-organ failure .......................................................................November 1996
Multiple rehabilitation procedures .............................................February 1997
Poisoning - intentional self-harm or accidental? ...................... CG May 1996
Postprocedural disorders .............................................................CG May 1996
Recurrent tonsillitis ......................................................................February 1997
Sequelae codes .............................................................................February 1997
Spontaneous rupture of membranes .........................................November 1996
Unconfirmed conditions ...............................................................CG May 1996
Use of Y90 - Y98 .........................................................................November 1996

OPCS4

Amendment to coding update
– Laparoscopic hydrotubation .......................................................February 1997
– LLETZ/Loop diathermy of cervix ...............................................November 1996
– Pharyngolaryngectomy ..............................................................November 1996
CLO test for helicobacter ..............................................................November 1996
Irrigation of peritoneal cavity ........................................................November 1996

CG MAY 1996: THIS ISSUE WAS ENTITLED CODING GUIDELINES AND THEREAFTER WAS RENAMED THE CODING QUARTERLY.