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Foreword

This is the first issue of the Coding Quarterly, which replaces Coding Update and Coding Guidelines. 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 query 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 QUERY 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 News

KATE HARLEY, Manager of the SCCC and QAA, is on maternity leave until January 1997. Kate had a daughter on 3rd September — SARAH ALEXA, weighing 6lb 12oz. Both mother and baby are fit and well.

MARY VIRTUE from the Royal Infirmary of Edinburgh joined Unit 7 on Monday 9 September. She is involved in various coding projects and will assist the Clinical Coding Tutors with the Coding Query Service.

GILLIAN BOYLE, who was previously responsible for the Coding Query Service, is now dealing with all Read coding related matters. Any advice or information required about Read codes should be forwarded to Gillian (Tel. 0131-551 8424.)

Training

Coppish

Training in Coppish is available for Trusts which have not yet converted to the new datasets. The training emphasises the changes in the datasets and looks in detail at the new coding structure available to staff. 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.

Anatomy and Physiology

A two day course in basic Anatomy and Physiology is available for coders. However, as a result of the high demand, the next available dates for the courses will be in early 1997.

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 requested training in 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 HIV disease in ICD10

The following guidelines supersede those described in the ICD10 Clinical Coding Instruction Manual, pl-10.

When coding HIV related conditions, dual-coding is the convention, i.e. to use a code from the range B20 - B24 followed by a second code to identify the specific condition caused by HIV (see 1 below).

The additional code provides extra detail about the HIV-related condition.

When coding multiple HIV-related conditions, the principle is to use only one HIV code - whichever is most appropriate for the patient's condition - followed by a list of codes for the specified conditions.

In some cases, however, extra detail is not provided by using an additional code, and these codes can be used alone (see 2 below).

1. Dual coding with codes B20 - B24 is necessary -
   a) when HIV disease results in a single condition and extra value and detail are given by using the second code

   Example:
   Oral thrush resulting from HIV disease
   B20.4 HIV disease resulting in candidiasis
   B37.0 Candidal stomatitis

   If the condition or symptom is not covered by a specific HIV code, use B23.8 followed by a code for the condition or symptom

   Example:
   HIV disease causing nausea and vomiting
   B23.8 HIV disease resulting in other specified conditions
   R11.X Nausea and vomiting

   b) when HIV disease results in a malignant neoplasm

   Example:
   HIV disease resulting in Kaposi's sarcoma
   B21.0 HIV disease resulting in Kaposi's sarcoma
   C46.9 Kaposi's sarcoma, unspecified

c) when coding multiple HIV related diseases:

   • for multiple infections, use B20.7 (HIV disease resulting in multiple infections) followed by a list of codes for the infections

     Example:
     HIV disease resulting in respiratory tuberculosis and herpes simplex infection
     B20.7 HIV disease resulting in multiple infections
     A16.9 Respiratory tuberculosis
     B02.9 Herpes simplex infection

   • for multiple malignant neoplasms, use B21.7 (HIV disease resulting in multiple malignant neoplasms) followed by a list of codes for the neoplasms

     Example:
     HIV disease resulting in Burkitt's lymphoma and malignant neoplasm of oesophagus
     B21.7 HIV disease resulting in multiple malignant neoplasms
     C83.7 Burkitt's tumour
     C15.9 Malignant neoplasm of oesophagus

   • for multiple diseases which may include both infections and neoplasms, use B22.7 (HIV resulting in multiple diseases classified elsewhere) followed by a list of codes for the specified diseases

     Example:
     HIV disease with Kaposi's sarcoma, anaemia, oral thrush, depression and nausea
     B22.7 HIV disease resulting in multiple diseases classified elsewhere
     C46.9 Kaposi's sarcoma, unspecified
     D64.9 Anaemia, unspecified
     B37.0 Oral thrush
     F32.9 Depression
     R11.X Nausea and vomiting

2. Some codes do not require dual coding as there is no benefit in recording the additional code. Codes which do not require dual coding are:

   B20.6 HIV disease resulting in Pneumocystis carinii pneumonia
   B21.1 HIV disease resulting in lymphoid interstitial pneumonitis
   B22.2 HIV disease resulting in wasting syndrome
   B23.0 Acute HIV infection syndrome
   B24.X Unspecified HIV disease

Note: The neoplasm code must always be recorded (even if it doesn't provide more detail) since this information is required for the analysis of cancer data.
Coding Guidelines — ICD10

Conditions caused by an infectious agent

An infectious condition may be identified by a code for the condition followed by a code from the block B95 - B97 to identify the agent or organism causing the condition.

Example:
Cellulitis caused by streptococcus
L03.9 Cellulitis, unspecified
B95.5 Unspecified streptococcus as the cause of diseases classified to other chapters

Note: It is not appropriate to use a code from another block in Chapter I (eg. A49.1 Streptococcal infection, unspecified) in this context.

Example:
Staphylococcus aureus infection of stump
T87.4 Infection of amputation stump
Y83.5 Amputation of limb as the cause of later complication
B95.6 Staphylococcus aureus as the cause of diseases classified to other chapters

Use of codes Y90-Y98

These are supplementary codes which may be used in addition to other external cause codes but must not replace them.

Coding poisonings with the drug ‘Ecstasy’

Ecstasy is not listed in the Table of Drugs and Chemicals and coding poisonings with Ecstasy is proving difficult.
The pharmaceutical name for Ecstasy is Methyleneedioxymethamphetamine. This drug is classed as a psychostimulant.
The appropriate codes for poisonings with Ecstasy are found in the Table of Drugs and Chemicals under Psychostimulant NEC.

Malignant pleural effusion

The code for malignant pleural effusion is C78.2, Secondary malignant neoplasm of pleura. A code for the primary malignancy must also be recorded. Where the site of the primary is not known, use code C80.X, Malignant neoplasm without specification of site.

Injury with tendon involvement

In ICD9 one code was used to code both conditions. In ICD10 this is not possible. Therefore, both the injury and the tendon involvement must be coded separately.

Example:
Laceration of finger with flexor tendon involvement
S56.1 Injury of flexor muscle and tendon of other finger at forearm level
S61.0 Open wound of finger without damage to nail

The sequence of the codes depends on the treatment given. In the example given here, treatment was primary repair of tendon. These codes should be followed by an appropriate External Cause code.

Clicking hip

In ICD9 the code for clicking hip was in Chapter XIV (Congenital anomalies). In ICD10 the correct code is found in Chapter XVIII (Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified). The correct ICD10 code for clicking hip is R29.4, Clicking hip.

This code applies when the disorder is not described as a congenital deformity. If it is described as such, an appropriate code from Q65-., Congenital deformities of hip, should be selected.

Helicobacter infection

In the Coding Guidelines issued in May 1996, the code recommended for helicobacter infection was A48.8. Following continuing discussion at the NHS Centre for Coding and Classification (NHSCCC), the decision was taken that the most appropriate code for an acute helicobacter infection is A04.8, Other specified bacterial intestinal infections.

Note: The use of B96.8, where helicobacter is associated with a disorder, remains the same as described in the May publication.
Cancelled procedure — condition resolved

A procedure may be cancelled because the condition requiring the procedure has resolved itself. The correct way to code this is to use Z53.8. Procedure not carried out for other reasons, followed by a code for personal history of the condition that had required the procedure.

Note: A personal history code cannot be used when the condition was actually a symptom or sign codable to Chapter XVII, eg. abdominal pain. In this case only code Z53.8 should be recorded.

Spontaneous rupture of membranes

Two codes are available in ICD10 relating to spontaneous rupture of membranes:

042.- Premature rupture of membranes
075.6 Delayed delivery after spontaneous or unspecified rupture of membranes

042 - refers to rupture of membranes before labour has started, regardless of the length of gestation. The fourth character identifies the length of time until labour begins.

075.6 refers to rupture of membranes after labour has started. There is then a subsequent delay in delivery. The exact time period which defines a delayed delivery following rupture of membranes is for local definition.

Multi-organ failure

This diagnosis causes great difficulty to coders. When such a diagnosis is recorded, the clinician in charge should be asked to clarify the patient's condition and state which organs have suffered failure, eg. heart failure and liver failure. Each organ failure should be coded separately. However, this information is not always available. Where it is not possible to find out the organs involved, the following rules should be applied:

- if the patient is alive at the end of the episode - use R69.X (Unknown and unspecified causes of morbidity)
- if the patient dies - use R99.X (Other ill-defined and unspecified causes of mortality)

Coding Guidelines — OPCS4

Amendment to Coding Update

The last Coding Update was issued in April 1996. Since then there have been two amendments to the codes issued. These are shown below and apply to the procedures as specified. Any variation on the procedures stated (eg. total pharyngolaryngectomy) will require different codes.

- LLETZ / Loop diathermy of cervix Q01.3 + Y13.1
  Pharyngolaryngectomy E19.2 E29.6

- This amendment also applies to the codes given in the Short List of Gynaecology Outpatient Procedures, for use with Corman SMR00.

CLO test for helicobacter

The code for a CLO test for helicobacter is G45.1 (Fibreoptic endoscopic examination of upper gastrointestinal tract and biopsy of lesion of upper gastrointestinal tract), followed by a code from Chapter Z to identify the site of the procedure, if known.

Note: There is no OPCS4 code for a helicobactor breath test.

Irrigation of peritoneal cavity

The code given in the OPCS4 Index is T46.4. This is a typographical error - the correct code is T46.3, as given in the Tabular List.