Sepsis

Sepsis is a serious condition which must always be coded when documented in the medical record. Some index trails from the lead term ‘Sepsis’ lead to codes which are not specific to sepsis. For example

Sepsis

- urinary ....................................................leads to **N39.0 Urinary tract infection, site not specified**
- due to device, implant or graft
  - - catheter
  - - - urinary (indwelling)............................leads to **T83.5 Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system**

In such cases a specific sepsis code must be assigned in addition to the code from the index trail. Examples:

*Urinary sepsis due to streptococcus group A infection:*

**A40.0 Sepsis due to Streptococcus, group A**

**N39.0 Urinary tract infection, site not specified**

*Coagulase-negative staphylococcal sepsis due to central line infection:*

**A41.1 Sepsis due to other specified Staphylococcus**

**T82.7 Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts**

**Y84.8 Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure**

A number of common clinical statements imply a local infection leading to sepsis. Both the local infection and the sepsis must be coded. For example:

*Biliary sepsis NOS*  
**A41.9 followed by K83.9 Disease of biliary tract, unspecified**

*Chest sepsis NOS*  
**A41.9 followed by J22.X Unspecified acute lower respiratory infection**

*Urosepsis/urinary sepsis NOS*  
**A41.9 followed by N39.0 Urinary tract infection, site not specified**

We intend to issue more extensive guidance on the coding of sepsis in the future.
Scottish Clinical Coding Standards – OPCS4

Tape/mesh operations for female stress urinary incontinence (SUI) and pelvic organ prolapse (POP).

OPCS4.8 introduced additional codes to enable fuller recording of primary tape/mesh surgery for female SUI and POP, and of any subsequent revisional procedures following such operations. It is important that the use of these codes is understood.

Tape operations for SUI

There are now codes covering the introduction, total removal and partial removal of tape for SUI. These codes are found in M53 Vaginal operations to support outlet of female bladder and its extension category M57 Other vaginal operations to support outlet of female bladder. The coding varies according to the type of tape involved. The most specific terms used to describe tape are ‘retropubic’, ‘transobturator’ and ‘single incision mini-sling (SIMS)’. Coders may also encounter the term ‘TVT’ without further qualification or even non-specific statements about ‘vaginal tape’. The terms should be coded as follows:

<table>
<thead>
<tr>
<th>Term</th>
<th>Introduction</th>
<th>Total removal</th>
<th>Partial removal, ‘removal’ NOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘retropubic tape’, ‘TVT NOS’</td>
<td>M53.3</td>
<td>M53.4 / approach</td>
<td>M53.5 / approach</td>
</tr>
<tr>
<td>‘transobturator tape’, ‘TOT’, ‘TVT-O’</td>
<td>M53.6</td>
<td>M53.7 / approach</td>
<td>M57.4 / approach</td>
</tr>
<tr>
<td>‘single incision mini-sling (SIMS)’</td>
<td>M57.1</td>
<td>M57.2 / approach</td>
<td>M57.3 / approach</td>
</tr>
</tbody>
</table>

Some patients may have more than one operation to remove SUI tape. ‘Total removal’ should only be coded if there is a clinical statement making it clear that the tape has been completely removed in any particular operation. Note that this could apply to a further operation to remove any remaining tape after a previous removal operation.

An appropriate approach code, such as

<table>
<thead>
<tr>
<th>Approach</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open /abdominal</td>
<td>Y50.2 laparotomy approach nec</td>
</tr>
<tr>
<td>Vaginal</td>
<td>Y50.3 vaginal approach</td>
</tr>
<tr>
<td>Laparoscopic</td>
<td>Y75.2 laparoscopic approach to abdominal cavity nec</td>
</tr>
</tbody>
</table>

should always be recorded with any of the above total/partial removal codes.

Sometimes after a tape operation to treat SUI, an area of the tape becomes exposed. In such cases the tape may be oversewn with vaginal epithelium rather than removed. This procedure should be coded as follows:

<table>
<thead>
<tr>
<th>Code A</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M53.8</td>
<td>Other specified vaginal operations to support outlet of female bladder</td>
</tr>
<tr>
<td>Y25.2</td>
<td>Resuture of organ noc</td>
</tr>
</tbody>
</table>
Mesh operations for POP

POP comprises vaginal and/or uterine prolapse. Coders should be aware that some of the codes for primary POP mesh procedures do not have the word ‘mesh’ in the code title, and that differences in terminology between the P and Q chapters can be confusing.

1) Primary repair of POP using mesh.

For coders’ information only, the primary operations have been grouped by a clinician according to surgical approach.

a) Primary POP mesh procedures involving trans-vaginal approach:

P22.-  Repair of prolapse of vagina and amputation of cervix uteri

Y02.1  Implantation of prosthesis into organ NOC

(P22.- / Y02.1 should be used for the use of mesh in any colporrhaphy codeable to P22.-)

P23.1  Anterior and posterior colporrhaphy

Y02.1  Implantation of prosthesis into organ NOC

(P23.1 / Y02.1 should be used for any use of mesh in a combined anterior and posterior repair)

P23.6  Anterior colporrhaphy with mesh reinforcement

P23.7  Posterior colporrhaphy with mesh reinforcement

P23.8  Other specified repair of prolapse of vagina

Y02.1  Implantation of prosthesis into organ NOC

(P23.8 / Y02.1 should be used for ‘colporrhaphy with mesh’ NOS)

P24.6  Repair of vault of vagina with mesh using vaginal approach

(this code includes ‘infracoccygeal colpopexy’)

Q54.6  Infracoccygeal hysteropexy

(this code includes ‘mesh suspension of uterus using vaginal approach NEC’)

The approach code Y50.3 Vaginal approach is NOT necessary with any of these primary codes.

b) Primary POP mesh procedures involving trans-abdominal approach:

P24.2  Sacrocolpopexy

P24.5  Repair of vault of vagina with mesh using abdominal approach
Q54.5 Sacrohysteropexy

When these trans-abdominal procedures are done laparoscopically, Y75.2 Laparoscopic approach to abdominal cavity nec should be recorded as a supplementary code, but it is NOT necessary to record Y50.2 laparotomy approach nec when the approach is open/abdominal.

c) Codes for primary mesh vault repair and mesh uterine suspension when more specific information is unavailable:

P24.8 Other specified repair of vault of vagina
Y02.1 Implantation of prosthesis into organ NOC

Q54.4 Suspension of uterus using mesh NEC

2) Revisional procedures following mesh repair of POP

a) Removal of mesh implanted during previous repair of vaginal prolapse (colporrhaphy) (primary coded to P22.-, P23.-)

P28.1 Total removal of prosthetic material from previous repair of vaginal prolapse
or
P28.2 Partial removal of prosthetic material from previous repair of vaginal prolapse

P28.2 would be recorded when ‘removal’ is not specified as total or partial.

b) Removal of mesh implanted during previous repair of vaginal vault prolapse
(primary coded to P24.-)

P30.1 Total removal of prosthetic material from previous repair of vaginal vault
or
P30.2 Partial removal of prosthetic material from previous repair of vaginal vault

P30.2 would be recorded when ‘removal’ is not specified as total or partial.

c) Removal of mesh implanted during previous repair of uterine prolapse
(primary coded to Q54.4, Q54.5 or Q54.6)

Q54.7 Total removal of prosthetic material from previous suspension of uterus
or
Q57.1 Partial removal of prosthetic material from previous suspension of uterus

Q57.1 would be recorded for when ‘removal’ is not specified as total or partial.
Some patients may have more than one operation to remove POP mesh. ‘Total removal’ should only be coded if there is a clinical statement making it clear that the mesh has been completely removed in any particular operation. Note that this could apply to a further operation to remove any remaining mesh after a previous removal operation.

An appropriate approach code such as

- Open /abdominal: Y50.2 laparotomy approach nec
- Vaginal: Y50.3 vaginal approach
- Laparoscopic: Y75.2 laparoscopic approach to abdominal cavity nec

should always be recorded with any of the above total/partial removal codes:

d) Sometimes an area of mesh inserted in POP repair becomes exposed. In such cases the mesh may be oversewn with vaginal epithelium rather than removed. This procedure should be coded as follows:

Oversew of exposed vaginal mesh implanted during previous vaginal prolapse repair (colporrhaphy) (primary coded to P22.- or P23.-)

P23.8 Other specified other repair of prolapse of vagina

Y25.2 Resuture of organ noc

Oversew of exposed vaginal mesh implanted during previous vaginal vault repair (primary coded to P24.-)

P24.8 Other specified repair of vault of vagina

Y25.2 Resuture of organ noc

Oversew of exposed vaginal mesh implanted during previous uterine suspension (primary coded to Q54.4, Q54.5 or Q54.6)

Q54.8 Other specified operation on other ligament of uterus

Y25.2 Resuture of organ noc

3) Default codes for removal / oversewing of urogynaecological mesh/tape, reason for original implantation unknown/unspecific

In some cases, surgeons performing revisional surgery may not actually know why mesh/tape was originally inserted. The following codes are for cases when i) the coder has no information that the mesh/tape was originally inserted for SUI or POP, or ii) it is known that the material was inserted for POP but the type of prolapse (vaginal/vaginal vault/uterine) is unknown or unspecified.

a) Removal of mesh/tape implanted for unknown/unspecified reason
Total and partial removal cannot be distinguished in this situation. Default coding is

**P29.8** Other specified other operations on vagina

**Y03.7** Removal of prosthesis from organ noc

b) Oversew of exposed mesh/tape implanted for unknown/unspecified reason

Default coding is

**P29.8** Other specified other operations on vagina

**Y25.2** Resuture of organ noc

PLEASE NOTE THAT CLINICAL CODING STANDARDS IN THIS EDITION APPLY TO ALL DISCHARGES ON AND AFTER 1ST November 2017.

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