Scottish Clinical Coding Standards - ICD10

Reason for Operative Delivery Recording – SMR02

For ALL instances of operative delivery, where there are NO other complications, the ‘Indication for Operative Delivery’ code must be repeated in the Main Condition field.

Previously, the Main Condition field would have recorded the ‘type of delivery’ in these circumstances.

Example

Obstructed labour due to a fetopelvic disproportion caused by mother’s deformed pelvis, emergency caesarean section performed. No other conditions. Mother and baby both well

Index trail for obstructed labour:

Labor (see also Delivery)
- obstructed O66.9
- - by or due to
- - - deformity (acquired) (congenital)
- - - - pelvis (bony) NEC O65.0

Tabular List entry:

O65.0 Obstructed labour due to deformed pelvis

For SMR02 coding, O65.0 Obstructed labour due to deformed pelvis, will be the Indication for Operative Delivery code AND the Main Condition.

To summarise, the Indication for Operative Delivery code should be repeated in the Main Condition field in the event of no other condition/complication being present.

This is a change in practice, which should be followed with immediate effect.

For more information visit: www.isdscotland.org/Products-and-Services/Terminology-Services
Inguinal Hernia Repair using a total extra-peritoneal approach (TEP) or trans-abdominal pre-peritoneal approach (TAPP).

Inguinal hernias are the result of a weakness in the abdominal wall which allows bowel to push through the inguinal canal or abdominal wall in the inguinal (groin) area. The repair of these hernias is often helped by the insertion of mesh to strengthen the abdominal wall.

Two methods in use for the placement of mesh involve either a total extra-peritoneal approach (TEP) or trans-abdominal pre-peritoneal approach (TAPP). Both methods involve access to the pre-peritoneal space to place the mesh. TAPP involves initial access to the peritoneal cavity and mesh is placed through a peritoneal incision, while in TEP the pre-peritoneal space is reached directly without entering the peritoneal cavity.

Hernia repair with a mesh usually involves the use of polypropylene, which is a synthetic material. Primary hernia repair with a mesh should therefore be coded to T20.2, Primary repair of inguinal hernia using insert of prosthetic material. Coders should also use the additional codes Y75.2 (Laparoscopic approach to abdominal cavity NEC) for TAPP and Y76.3 (Endoscopic approach to other body cavity) for TEP.

Operations for Sexual Transformation

The Terminology Advisory Service has recently received several requests for advice on coding patients who have been admitted for operations for sexual transformation/gender reassignment.

To enable such patients to be coded consistently, the following OPCS codes must be recorded, as appropriate, in the Main Procedure field:

- X15.1 – combined operations for transformation from male to female
- X15.2 – combined operations for transformation from female to male

In addition, the OPCS codes which describe the actual procedures carried out as part of the sexual transformation, must be allocated in positions 2-4.

Subsequent operations performed as part of the sexual transformation process, must also follow the above advice. See example below.

Example

January. Female undergoing gender reassignment. Admitted for total abdominal hysterectomy and bilateral salpingoophorectomy.

X15.2 - Combined operations for transformation from female to male

Q07.4 - Total abdominal hysterectomy NEC  Q22.1 – Bilateral salpingoophorectomy

June. Same female undergoing gender reassignment. Admitted for total bilateral mastectomy.

X15.2 - Combined operations for transformation from female to male

B27.4 – Total mastectomy NEC  Z94.1 – Bilateral operation

Validation has been changed from ‘error’ to ‘query’ on certain operations to allow for this situation. Should sites have problems in validating operations against the gender of a patient, please contact the Terminology Advisory Service in the first instance.
GENERAL INFORMATION
Terminology Services are pleased to announce the addition of a new clinical coding tutor, Lynsey Wilson to our team. Lynsey will be your training contact for Argyll and Bute areas and will share training responsibilities for Glasgow and Clyde with Murray Bell. Murray will continue to be training contact for Ayrshire and Arran and Dumfries and Galloway as well sharing training duties for Glasgow and Clyde with Lynsey.

PLEASE NOTE THAT CLINICAL CODING STANDARDS IN THIS EDITION APPLY TO ALL DISCHARGES ON AND AFTER 1ST APRIL 2015.

Contact
Please note that the Terminology Advisory Service Telephone Number is 0131 275 7283.
The number is manned Tuesday to Thursday from 09.00 to 17.00 hrs.
The link for previous coding standards/guidelines online is: www.isdscotland.org/Products-and-Services/Terminology-Services/Clinical-Coding-Guidelines

Scottish Clinical Coding Standards is the new title for Coding Guidelines. This is to reflect the fact that the standards published herein are coding rules which apply in Scotland.

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