Scottish Clinical Coding Standards

No.32

Publication date: March 2022
## Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Summary of changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>V1.0</td>
<td>07 March 2022</td>
<td>New document</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Contents

Scottish Clinical Coding Standards - ICD-10 3
   Acute Confusion 3
Scottish Clinical Coding Standards - OPCS 3
   OPCS4 recording of procedures using robotic approach 3
   Recording minimal access and robotic approach with paired OPCS4 codes - splitting the pair 4
Further Information 6
   Contacting the Terminology Services Helpdesk via email 6
   Contact Us 8
Scottish Clinical Coding Standards - ICD-10

Acute Confusion

Where no further information is available, the terms ‘Toxic Confusional State’, ‘Acute Confusional State’, and ‘Acute Confusion’ should be coded to F05.9 Delirium unspecified.

This supersedes CG2 January 1999 ‘Toxic Confusional State’.

Scottish Clinical Coding Standards - OPCS

OPCS4 recording of procedures using robotic approach

Procedures performed with the assistance of robotic technology, known as robotic assisted surgery (RAS), are becoming more frequent.

It is very important to record any procedure performed using a robotic or robotic-assisted approach by supplementing the procedure code with the appropriate robotic approach Y code:

- **Y45.2 Approach to organ under robotic control NEC**
- **Y74.3 Robotic minimal access approach to thoracic cavity**
- **Y75.3 Robotic minimal access approach to abdominal cavity**
- **Y76.5 Robotic assisted minimal access approach to other body cavity**

**Note** that Y74.3, Y75.3 and Y76.5 refer to approaches to body cavities, including the organs within those cavities (thoracic, abdominal-pelvic and, for example, the cranial cavity, respectively) whereas the NEC code Y45.2 refers to a robotic approach to any part of the body which is not a cavity, for example joint or neck surgery.
The above supplementary codes should take precedence over any other supplementary code which might be applicable to the procedure which is being coded.

**Recording minimal access and robotic approach with paired OPCS4 codes - splitting the pair**

The SMR data format and validation rules allow certain combinations of procedures to be coded as OPCS4 pair codes. However, recording a pair code means that no Y or Z supplementary code can be recorded with the pair.

Scottish Clinical Coding Standards (SCCS) 7, July 2014 included the standard 'Laparoscopic hysterectomies and associated procedures' which addressed this problem in a limited way. SCCS 7 allowed the splitting of pair codes involving abdominal hysterectomy Q07.- (paired with Q22.-, Q23.- and Q24.-) and vaginal hysterectomy Q08.- (paired with P23.-, Q22.- Q23.- and Q24.-) when performed laparoscopically to allow recording of the laparoscopic approach codes Y75.1 Laparoscopically assisted approach to abdominal cavity or Y75.2 Laparoscopic approach to abdominal cavity NEC, as appropriate.

The Clinical Coding Review Group (CCRG) has decided to extend this guidance to all OPCS4 pair codes where the procedures concerned are undertaken using a robotic or robotically-assisted approach:

- **Y45.2** Approach to organ under robotic control NEC
- **Y74.3** Robotic minimal access approach to thoracic cavity
- **Y75.3** Robotic minimal access approach to abdominal cavity
- **Y76.5** Robotic assisted minimal access approach to other body cavity

or any other minimal access approach codable to:

- **Y74.-** Minimal access to thoracic cavity
- **Y75.-** Minimal access to abdominal cavity
**Y76.- Minimal access to other body cavity**

Therefore, **ANY** pair code **MUST** be split when either or both of the procedures in the pair are performed using a robotic, robotically-assisted or minimal access approach.

- The paired procedures should be recorded *separately*.

- If both of the paired procedures are performed using a robotic or minimal access approach, each individual code must be followed by the appropriate approach **Y** code.

- If only one of the paired procedures is performed using a robotic or minimal access approach:
  
  - **only** the code for that procedure should be supplemented by the appropriate approach **Y** code.
  
  - the code for the non-robotic or non-minimal access component should be supplemented by the appropriate supplementary code according to normal coding rules.

**Examples:**

1. Patient admitted for total abdominal hysterectomy and bilateral salpingoophorectomy. The procedures were performed using a robotic assisted minimal access approach.

**Operation 1:**  
**Q07.4 Total abdominal hysterectomy NEC + Y75.3 Robotic minimal access approach to abdominal cavity**

**Operation 2:**  
**Q22.1 Bilateral salpingoophorectomy + Y75.3 Robotic minimal access approach to abdominal cavity**

**Rationale:** the instructional note at **Q07.-** to use **Q22-Q24** as supplementary codes should be disregarded as a robotic assisted approach has been detailed. The pair should be split and the appropriate robotic approach **Y** code applied to both procedures.
2. Patient has a left hemicolectomy performed laparoscopically. An end colostomy is also fashioned (this was not created laparoscopically).

Operation 1: **H09.5 Left hemicolecction and exteriorisation of bowel NEC + Y75.2 Laparoscopic approach to abdominal cavity NEC**

Operation 2: **H15.2 End colostomy**

**Rationale:** the instructional note at H09.5 to use H14 or H15 as supplementary codes should be disregarded as a laparoscopic approach has been detailed. The appropriate laparoscopic approach Y code should only be applied to the left hemicolecction code, as creation of colostomy was not performed under a laparoscopic approach.

**THIS GUIDANCE IS APPLICABLE FOR DISCHARGES FROM 1 APRIL 2022**

**Further Information**

**Contacting the Terminology Services Helpdesk via email**

In recent months the Terminology Helpdesk provided by Terminology Services has been receiving an increased number of queries.

To ensure we can continue to provide timely and comprehensive responses, please include the information requested below with **every** query submitted to the helpdesk.

- **Subject line**

Please include a subject line. This is helpful when following conversations on queries. It can also be helpful for customers who send multiple queries to the helpdesk.
• **Details of query**

Please provide a short description of the issue you are encountering. The description should include if you need assistance to find ICD-10 or OPCS codes. Please also state the SMR record type – SMR01, 02, 04.

• **Provide an Information Source**

Ideally, a fully anonymised Final Discharge Letter (FDL) should be attached to the email. If this is not available, please provide as much information as you can from the patient notes. Ensure all patient identifiable data has been removed, including any clinicians’ details, hospital addresses or GP references. If any patient identifiable information remains our standard protocol requires that we return this to you to be removed.

• **Contact details**

An up-to-date telephone number is useful should we need to contact you to discuss your query further. Please state if you cannot receive incoming calls, if you are working from home, for example.

**Points to note:**

• Resolutions are provided for the original customer in response to their specific query and its related supporting documentation and may not be relevant to similar situations.

• Resolutions are not to be used for local Clinical Coding Audit purposes.

• Some resolutions may no longer apply due to subsequent changes to the Scottish Clinical Coding Standard(s) (SCCS). For that reason, customers are reminded that each resolution provided is only relevant to the current query at the time of issue and advice is subject to change. If uncertain, customers should contact the Terminology Helpdesk or consult the relevant Scottish Clinical Coding Standard.
• Terminology Services (TS) aim to provide a resolution within two working weeks. Please do not follow up a request until this timeframe has past. Should there be a likely delay to this timeframe, TS will make the customer aware of this via e-mail.

**Contact Us**

Terminology Services website can be found here
https://www.isdscotland.org/products-and-services/terminology-services/

The Terminology Services helpdesk is open Tuesday to Thursday, 9am-5pm. We can be contacted by phone 0131 275 7823 or by email
phs.terminologyhelp@phs.scot

When contacting the helpdesk please provide as much detail as possible about your request or query.