Scottish Clinical Coding Standards – ICD-10

Mental and behavioural disorders - codes with 5th digits

Chapter V ‘Mental and behavioural disorders’ in ICD-10 has an accompanying classification published by WHO for use by clinicians. This classification provides specific 5th digits that add extra granularity to the ICD-10 Chapter V codes.

Because these 5th digits are intended for clinical use only, they cannot be trailed through the alphabetical index and are not available in the tabular list of ICD-10. Therefore, they cannot be assigned using the 4-step process.

Only if a clinician specifies the use of one of these Chapter V 5th digit codes, e.g. by listing the code on the discharge summary, the coder may record it on the hospital system. Otherwise, these 5th digits should not be recorded.

The validation of Chapter V 5th digit codes has been changed on SMR01, SMR02 and SMR04. A query will be generated following their use.

Please note, the definitions attached to Chapter V categories and sub-categories in ICD-10 are also intended for clinical use only. They should not be used by coders to assign Chapter V codes. Coders should apply the normal 4-step process to the clinical information supplied by the clinician when assigning codes in Chapter V.

Scottish Clinical Coding Standards – OPCS4

Colon capsule endoscopy (CCE)

Wireless endoscopy (also known as capsule endoscopy) is a non-invasive technique to visualise the gastrointestinal (GI) tract as an alternative to traditional invasive endoscopy. It involves the patient swallowing a miniature camera device which takes images of the digestive tract which are then transmitted to a sensor belt worn around the abdomen. The images are later downloaded and examined by a medical expert to look for disease.

Initially, wireless endoscopies were designed for examination of the small intestine, however technological developments mean other parts of the digestive system can now be visualised. The wireless endoscopy device and associated diet/bowel preparation varies depending on the part of GI tract that is to be investigated.

In OPCS 4.9, G80.2 Wireless capsule endoscopy (includes capsule endoscopy NEC) is the only applicable code for any type of wireless endoscopy procedure. Due to the ‘includes note’ it can be used for any type of wireless endoscopy, regardless of examination site.

Colon Capsule Endoscopy (CCE) is a type of capsule endoscopy specifically for examination of the large intestine. It is an alternative to colonoscopy and is now increasingly being performed in NHS Scotland.Whilst the majority of these procedures will be performed in the outpatient setting, there is the possibility that it could be performed as a day case or inpatient procedure.
It is of national interest to track the number of CCEs performed, therefore coders are advised when coding CCEs to record **G80.2 Wireless capsule endoscopy** with **Z28.7 Colon NEC** as supplementary code.

Note: Terminology Services are aware that there may be limitations in some patient management systems and supplementary codes may not be recordable for SMR00. In these circumstances only, **G80.2** alone should be recorded for CCE procedures.

The supplementary site code will allow identification of CCE procedures from other types of wireless endoscopies. There is no need to apply a supplementary site code for any other type of wireless endoscopy.

**PLEASE NOTE THAT CLINICAL CODING STANDARDS IN THIS EDITION APPLY TO ALL DISCHARGES ON AND AFTER 1ST OCTOBER 2020.**

**News**

**SMR02 Manual**

The Terminology Services Team have now completed the extensive review and update to the SMR02 manual and this is now being distributed across the Service. Your site tutor will be in touch with the updated manual soon and to arrange training updates via MS Teams.

**Contacting Terminology Services and our website**

As part of an NHS Scotland wide migration to a new mail system our email addresses will be changing again. The new format will also reflect our identity within the recently formed Public Health Scotland. Your site tutor will contact you with their new email address as soon as the email migration is complete.

Additionally, our website will be moving across to form part of the Public Health Scotland website. We are currently in the process of updating and modernising the content and look to ensure this remains a vital resource to all and will inform you of our new site location on completion of the migration. Your new site will still provide you with access to our Scottish Clinical Coding Standards.

**A message from Janice Watson, Terminology Services Manager**

Terminology Services has been going through a series of changes – both organisational and technical. Some of these changes are detailed above. As of 1st April this year we have now become part of Public Health Scotland and, like other Health Boards in Scotland, we are also going through a number of other additional major updates to our IT and communication systems.

What has not changed however is our commitment to give you a first class clinical coding support service. The team has been working hard to identify ways in which we can continue to provide you with the same high quality training in a safe setting. Our helpdesk
and training courses have remained available to you throughout this period thanks to remote training techniques. We are also looking at how we can use newly available technology as an opportunity to develop and deliver new types of courses and we are looking forward to working with you to identify and prioritise these new services. It is, of course, essential that we continue to maintain and support our existing services, so please continue to contact our helpdesk to discuss any of your training requirements or coding queries.

This pandemic has demonstrated now more than ever the need for high quality healthcare information for critical decision making - both to meet individual patient needs and for continued monitoring of Scotland’s population health. Each and every one of you has contributed to providing this essential knowledge and on behalf of myself and the team, I would like to thank you all for continuing to do so under such challenging circumstances.