Scottish Clinical Coding Standards

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Further ICD-10 emergency use codes for conditions related to COVID-19 – U07.3, U07.4 and U07.5.

A) U07.3 Personal history of COVID-19

U07.3 is assigned to classify personal history of COVID-19. U07.3 must not be assigned on episodes where patients are being treated for an acute COVID-19 infection (U07.1 or U07.2) or a post COVID-19 condition (U07.4 or U07.5).

U07.3 should be used exactly as any other personal history code, as outlined in Scottish Clinical Coding Standard ‘Use of ‘Z’ codes’ CG21 November 2007.

B) U07.4 Post COVID-19 condition

U07.4 should be recorded when a condition or symptom has been documented by the responsible clinician as a post COVID-19 condition (i.e. the patient is not being treated for acute COVID-19 infection).

U07.4 must not be recorded in episodes where U07.1 or U07.2 are assigned.

i If the only information available is a statement that there is a ‘post COVID-19 condition’, without specification of what that condition is, U07.4 must be recorded as a stand-alone code.

ii If a single condition/symptom is specified by the clinician as being ‘post COVID-19’, U07.4 should immediately follow the code for the post COVID-19 condition/symptom.

iii A If multiple conditions/symptoms are described by the clinician as ‘post COVID-19’, U07.4 should be recorded once, immediately following the main post COVID-19 condition/symptom code. The codes for the other post COVID-19 conditions/symptoms should then follow U07.4.

iii B If multiple conditions/symptoms are described by the clinician as ‘post COVID-19’ but there is no clinical indication as to which is the main one, U07.4 should be recorded once, immediately following the first post COVID-19 condition/symptom listed by the clinician. The other condition(s)/symptom(s) should then be recorded after the U07.4.

iv Any other concurrent diseases, illnesses or relevant co-morbidities should be recorded according to normal coding rules.
Examples:

1) A patient admitted and diagnosed with “Post COVID Viral Cough”. They had been previously confirmed COVID-19 positive via a swab. Known type 2 diabetes and COPD.

R05.X Cough

U07.4 Post COVID-19 condition

J44.9 Chronic obstructive pulmonary disease, unspecified

E11.9 Type 2 diabetes mellitus without complications

2) Patient admitted with chest pain and fatigue. He was previously swab+ve for COVID-19. Examination and investigations were normal. His symptoms were attributed as being due to post COVID syndrome. Known to have IHD.

R07.4 Chest pain, unspecified

U07.4 Post COVID-19 condition

R53.X Malaise and fatigue

I25.9 Chronic ischaemic heart disease, unspecified

3) Patient admitted with an acute MI and coronary angiography demonstrated extensive coronary artery disease. During admission was also found to have a swollen 5th metatarsal which was diagnosed as a post COVID condition subsequent to a recent infection, which did not require any treatment. His PMHx included type 2 diabetes and was a current smoker.

I21.99 Acute myocardial infarction, unspecified - MI with no statement of ST elevation or non-elevation

I25.1 Atherosclerotic heart disease

M79.87 Other specified soft tissue disorders - Ankle and foot

U07.4 Post COVID-19 condition

E11.9 Type 2 diabetes mellitus without complications

F17.1 Mental and behavioural disorders due to use of tobacco - Harmful use
C) U07.5 Multisystem inflammatory syndrome associated with COVID-19

Where multisystem inflammatory syndrome (which may also be described as Cytokine storm, Kawasaki-like syndrome, Paediatric Inflammatory Multisystem Syndrome (PIMS) and Multisystem Inflammatory Syndrome in Children (MIS-C)) is diagnosed and linked to COVID-19 by the responsible clinician, **U07.5 Multisystem inflammatory syndrome associated with COVID-19** must be assigned.

**U07.5** must **not** be recorded in episodes where **U07.1** or **U07.2** are assigned.

i. If no specific complications/manifestations are described by the clinician, **U07.5** must be recorded as a stand-alone code.

ii. Where multisystem inflammatory syndrome associated with COVID-19 leads to complications (e.g. acute kidney injury (AKI), myocarditis) or where specific manifestations linked to the syndrome are detailed by the responsible clinician, codes for these manifestations/complications must be assigned, followed by **U07.5**.

iii. **U07.5** must always be recorded where Multisystem inflammatory syndrome associated with COVID-19 is present. Therefore, if the associated manifestations and/or complications number more than five codes **U07.5** MUST be assigned in the 6th position.

**Example:**

*8-year-old boy admitted as an emergency generally unwell and diagnosed with acute kidney impairment as a consequence of Paediatric Inflammatory Multisystem Syndrome (PIMS) associated with a recent COVID-19 infection.*

**N17.9 Acute renal failure, unspecified**

**U07.5 Multisystem inflammatory syndrome associated with COVID-19**

This guidance is applicable for discharges from 1 January 2021.

Previously coded episodes do not require to be resubmitted.

**Scottish Clinical Coding Standards – OPCS**

**Cytosponge test of Oesophagus**

Cytosponge tests are an alternative to endoscopy in detection for Barrett’s oesophagus
(potentially pre-cancerous changes). Rather than the traditional procedure of endoscopy with biopsy, this device is a tiny sponge inside a dissolvable capsule. The device is attached to a piece of string and swallowed. Once inside the stomach, the capsule dissolves, the sponge is released, expands to about 3cm and then the operator uses the string to pull it back out up through the oesophagus where the sponge scrapes along the inside of the oesophagus picking up cells. These cells are then sent to the laboratory to be analysed to see if there are any abnormalities.

There is no specific code in the OPCS classification system for this procedure. As such, we advise that this procedure should be recorded:

**G21.8 Other operations on oesophagus - other specified**

with

**Y21.8 Cytology of organ NOC - other specified**

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, **G21.8** alone should be recorded for cytosponge procedures. Where the supplementary code cannot be recorded, it will not be possible to accurately identify cytosponge procedures from SMR00 without additional data or information.

**THIS GUIDANCE IS APPLICABLE FOR DISCHARGES FROM 1 JANUARY 2021.**

**Further information**

Contact details for the Terminology Team Helpdesk are

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