Coding Guidelines - ICD10

Inflammatory bowel disease/inflammation bowel

Inflammatory bowel disease is an umbrella term that includes both Crohn’s disease and ulcerative colitis. Without further information, the term “inflammatory bowel disease” is non-specific and can only be coded to K52.9 Noninfective gastroenteritis and colitis, unspecified.

Index trail: Inflammation - intestine (any part) - see Enteritis

Enteritis – noninfective K52.9

It would clearly be preferable for “inflammatory bowel disease” to be coded more specifically in K50 or K51. Coders are therefore advised to consult with the clinician responsible for the patient’s care to obtain more specific information wherever possible rather than using the default code K52.9, given above.

Viral-associated wheeze

A wheeze linked to a virus that has required treatment in its own right, for example with nebulisers or inhalers, can be described in many different ways within the care record. Some examples of clinical terms found in the care record are viral wheeze, viral-induced wheeze, viral-associated wheeze and viral illness with wheeze.

We can advise that where a wheeze is either induced by, caused by or due to a viral infection, the coder must follow the principle for coding symptoms that are important medical problems and sequence the virus in primary position followed by the wheeze:

B34.9 Viral infection, unspecified

R06.2 Wheezing
Eosinophilic Colitis
It is difficult to access Eosinophilic Colitis via the ICD10 index. See below:

- Colitis (acute) (catarrhal) (hemorrhagic) (presumed infectious) (see also Enteritis, and note at category A09) A09
- At Enteritis there is no reference to ‘eosinophilic’.
- Eosinophilic gastritis is listed under Gastroenteritis - eosinophilic at K52.8

In order to reach Eosinophilic Colitis the coder should look up Gastroenteritis - eosinophilic K52.8

K52.8 in the tabular states Other specified noninfective gastroenteritis and colitis where there is an inclusion for ‘Eosinophilic gastritis or gastroenteritis’.

Presumptive diagnoses: Treated as, treated for, treated accordingly
Advice has been sought regarding the use of the terms “treated as” “treated for” and “treated accordingly”. The CCRG has decided that in these cases the disease/condition should be coded e.g.

Treated as asthma. Code to asthma.
Treated for swine flu. Code to swine flu.
Influenza A (H1N1), lab results awaited, treated accordingly.
Code to Influenza A (H1N1).

Below is the updated table of “Presumptive diagnoses”. The original table was published in Coding Guidelines No.24 October 2009.

<table>
<thead>
<tr>
<th>Term</th>
<th>How to code</th>
<th>Coding Guideline Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Possible, suspected, query, ?</td>
<td>Code symptom(s)</td>
<td>CG 1 May 1996</td>
</tr>
<tr>
<td>Probable</td>
<td>Code the condition</td>
<td>CG 1 May 1996</td>
</tr>
<tr>
<td>Presumptive</td>
<td>Code the condition</td>
<td>CQ 5 January 1998</td>
</tr>
<tr>
<td>Consistent with, compatible with, in keeping with</td>
<td>Code the condition</td>
<td>CG 15 November 2004</td>
</tr>
<tr>
<td>Impression of</td>
<td>Code the symptom(s)</td>
<td>CG 23 September 2008</td>
</tr>
<tr>
<td>Likely</td>
<td>Code the condition</td>
<td>CG 24 October 2009</td>
</tr>
<tr>
<td>Suggestive of</td>
<td>Code the symptom(s)</td>
<td>CG 24 October 2009</td>
</tr>
<tr>
<td>Treated as, for, accordingly</td>
<td>Code the condition</td>
<td>CG 25 April 2010</td>
</tr>
</tbody>
</table>
Coding Guidelines – OPCS4

Bronchoscopies

Bronchoscopy with biopsy and brushings:
E49.1 Diagnostic fibreoptic endoscopic examination of lower respiratory tract and biopsy of lesion of lower respiratory tract
Y21.1 Brush cytology of organ NOC

Bronchoscopy with biopsy and washings:
E49.1 Diagnostic fibreoptic endoscopic examination of lower respiratory tract and biopsy of lesion of lower respiratory tract
Y21.8 Other specified cytology of organ NOC
(England would add the relevant subsidiary site code)

Other codes for bronchoscopies are as follows:
E49.1 Bronchoscopy with biopsy
E49.2 Bronchoscopy with washings
E49.3 Bronchoscopy with brushings
E49.4 Bronchoscopy with washings and brushings
E49.5 Bronchoscopy with biopsy, washings and brushings

Site of Spine

While there are OPCS-4 site codes that identify the vertebrae, or the spinal cord, there are no OPCS-4 codes that identify the “spine” (cervical, thoracic, lumbar or sacral).
The most appropriate site codes for spine not elsewhere classified are:

Cervical spine Z66.3 Cervical vertebra
Thoracic spine Z66.4 Thoracic vertebra
Lumbar spine Z66.5 Lumbar vertebra
Sacral spine Z66.8 Specified vertebra NEC

Example:
CT of cervical spine, no contrast:
U05.4 Computed tomography of spine
Z66.3 Cervical vertebra
(England would add Y98.1 Radiology of one body area (or < twenty minutes) after U05.4)
Transthoracic Echocardiogram (TTE)

Can the terms “echo” and “echocardiogram” be used as a default for TTE (Transthoracic echocardiogram) and coded to U20.1 Transthoracic echocardiography?

A transthoracic echocardiogram (TTE) is an ‘echo’.

A TTE is the most common type of echocardiogram. During a TTE a probe (known as a transducer) is placed on the thorax, and high frequency sound waves are transmitted into the body. The sound waves are bounced off the heart, and the transducer picks up the echoes. The echoes are converted into moving images that are then viewed on a TV monitor. Therefore, when the clinical statement is echocardiogram or echo with no further specification (for example ‘transoesophageal’, which would be coded to U20.2), then the correct OPCS-4.5 code is:

U20.1 Transthoracic echocardiography

Please note that it is not mandatory to code a TTE unless the patient is specifically admitted for this procedure.

Cardiopulmonary bypass

The use of code Y73.1 Cardiopulmonary bypass is optional in Scotland.

(In England, Y73.1, Cardiopulmonary bypass should be used whenever it is stated to have been carried out.)

This will be a Scottish/English difference.

Cystoscopic Botox injection into bladder

Neurotransmitters are chemical messengers that are released from nerve cells. Neurotransmitters stimulate and inhibit muscle activity.

When botulinum toxin (Botox) is injected into the detrusor muscle of the bladder wall, it inhibits the release of the neurotransmitters that would normally stimulate contraction of the bladder. Botox is used to treat a variety of bladder and urinary continence disorders such as an overactive bladder.

The appropriate OPCS-4.5 codes for “cystoscopy and injection of botox into the bladder wall/detrusor muscle” are:

M43.4 Endoscopic injection of neurolytic substance into nerve of bladder

(England would add X85.1 Torsion dystonias and other involuntary movements drugs Band 1.)
Use of Radiotherapy Codes X65, X67 and X68 in OPCS

Category X65 Radiotherapy delivery was omitted from the table in the article entitled “Coding of “non-operative” interventions/procedures (imaging, injections, infusions, x-rays, etc.) on SMR01 and SMR02.”, published in Coding Guidelines No.22 March 2008. OPCS4.5 has seen the addition of two new categories for radiotherapy preparation; X67 Preparation for external beam radiotherapy and X68 Preparation for brachytherapy. Use of these two categories in Scotland will not be mandatory.

This will be a Scottish/English difference.

This decision requires that an amendment be made to the table referred to above.

The updated table is printed below.

<table>
<thead>
<tr>
<th>Intervention/procedure code</th>
<th>General Guidance</th>
<th>Guidance if Elective admission (inpatient/day case) specifically for this intervention/procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>U01-U40</td>
<td>Not mandatory to code</td>
<td>Code</td>
</tr>
<tr>
<td>X28-X39</td>
<td>Not mandatory to code</td>
<td>Code</td>
</tr>
<tr>
<td>X44, X48-X58</td>
<td>Not mandatory to code</td>
<td>Code</td>
</tr>
<tr>
<td>X65</td>
<td>Not mandatory to code</td>
<td>Code</td>
</tr>
<tr>
<td>X60-X62, X66, X67.-, X68.-</td>
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<td>Not mandatory to code</td>
</tr>
<tr>
<td>X70, X71</td>
<td>Not mandatory to code</td>
<td>Not mandatory to code</td>
</tr>
<tr>
<td>X81-X97</td>
<td>Not mandatory to code</td>
<td>Not mandatory to code</td>
</tr>
</tbody>
</table>

Coding of Radiotherapy delivery

When coding radiotherapy, the subsidiary site code (identifying where in the body the radiotherapy was delivered) takes precedence over the subsidiary Y35, Y36 or Y91 codes.

Example; Simple external beam radiotherapy for adenocarcinoma of prostate using linear accelerator (megavoltage machine).

X65.4 Delivery of a fraction of external beam radiotherapy NEC

Note: use a subsidiary code to identify external beam radiotherapy (Y91)

Z42.2 Prostate site

England would add Y91.2 Megavoltage treatment for simple radiotherapy after X65.4.

This is a Scottish/English difference.
Failed trial without catheter (TWOC)
During a trial without catheter (TWOC), the patient’s catheter is removed and the patient is then left for a period of time to see if they can void. If the TWOC is successful, it is only necessary to assign OPCS4.5 code M47.3 Removal of urethral catheter from bladder. If, however, the TWOC fails and the catheter is reinserted, both the removal and the re-insertion of the catheter will need to be shown:

M47.3 Removal of urethral catheter from bladder
M47.9 Unspecified urethral catheterisation of bladder

Please note that, in general, it is not necessary to code urethral catheterisation of bladder unless the patient is specifically admitted for this procedure.

Guidance regarding the diagnosis relating to a TWOC can also be found on page XXI-12 of the ICD-10 Clinical Coding Instruction Manual (Version 2.0).

OPCS4.6
There will be no update to OPCS in 2010. Connecting for Health plans to implement OPCS4.6 from 1st April 2011.

General Information

National Clinical Coding Qualification (NCCQ)
Anyone wishing to sit the National Clinical Coding Qualification (NCCQ) in September 2010 should note that the closing date for registrations will be June 30th 2010. More information regarding the exam can be found on the website below:

http://www.connectingforhealth.nhs.uk/systemsandservices/data/clinicalcoding/trainingaccred/accreditation/index_html

DQA News
The team has completed the SMR02 QA. New coding guidelines and updated training material will follow. The SMR02 Scotland Report will be published in April 2010. DQA are planning another SMR01 QA starting in the spring of 2010.

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 guidelines online is: http://www.isdscotland.org/terminology