Scottish Clinical Coding Standards – ICD-10

Vaping related disorder

Amendment to SCCS 21 January 2020 ‘Vaping related disorder’

The following codes and sequence must be assigned when it is clearly documented in the medical record that a respiratory condition has resulted from vaping or the use of e-cigarettes:

U07.0 Emergency use of U07.0

J68.- Respiratory conditions due to inhalation of chemicals, gases, fumes and vapours

Example:

Patient treated for hypersensitivity pneumonitis confirmed as vaping related

U07.0 Emergency use of U07.0

J68.0 Bronchitis and pneumonitis due to chemicals, gases, fumes and vapours

(an external cause code from Chapter XX is not required as the substance or substance combination leading to the lung damage has not yet been identified)

Where only ‘vaping related disorder’ is documented then U07.0 may be used alone.

Where the condition(s) caused by vaping or the use of e-cigarettes is classified elsewhere then the appropriate code(s) to describe that condition must be used instead of J68.-

Code U07.0 must not be used to simply classify the use of a vaping device or e-cigarette if it is not listed as the cause of the condition(s).

The WHO have advised code U07.0 Emergency use of U07.0 should be assigned for confirmed cases of vaping related disorder to allow tracking of the disorder globally. Synonyms of vaping related disorder are E-Cigarette or Vaping Associated Lung Injury (EVALI), dabbing related lung damage, dabbing related disorder, electronic cigarette related lung damage, and electronic cigarette related disorder.

Note: This standard supersedes the previous standard SCCS 21 January 2020 ‘Vaping related disorder’

Scottish Clinical Coding Standards – OPCS4

N.B. This is the first SCCS which uses OPCS4.9 codes and trails

“Tape/mesh operations for female stress urinary incontinence (SUI) and pelvic organ prolapse (POP)”

(Amendment to SCCS 16)
Subsequent to the issue of SCCS 16, which detailed coding guidance on the recording of primary tape/mesh surgery for female SUI and POP, the release of OPCS-4.9 has introduced further supplementary codes which will enable a fuller recording of mesh material used in these procedures. As such, SCCS 16 has been revised to incorporate these new codes.

**Tape operations for SUI**

There are now codes covering the introduction, total removal and partial removal of tape for SUI. These codes are found in M53 Vaginal operations to support outlet of female bladder and its extension category M57 Other vaginal operations to support outlet of female bladder. The coding varies according to the type of tape involved. The most specific terms used to describe tape are ‘retropubic’, ‘transobturator’ and ‘single incision mini-sling (SIMS)’. Coders may also encounter the term ‘TVT’ without further qualification or even non-specific statements about ‘vaginal tape’.

The terms should be coded as follows:

<table>
<thead>
<tr>
<th>Term</th>
<th>Introduction</th>
<th>Total removal</th>
<th>Partial removal</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘retropubic tape’, ‘TVT NOS’</td>
<td>M53.3 / plus Y28.1, Y28.2 or Y28.3 if the type of mesh material known</td>
<td>M53.4 / approach code</td>
<td>M53.5 / approach code</td>
</tr>
<tr>
<td>‘transobturator tape’, ‘TOT’, ‘TVT-O’</td>
<td>M53.6 / plus Y28.1, Y28.2 or Y28.3 if the type of mesh material known</td>
<td>M53.7 / approach code</td>
<td>M57.4 / approach code</td>
</tr>
<tr>
<td>‘single incision mini-sling (SIMS)’</td>
<td>M57.1 / plus Y28.1, Y28.2 or Y28.3 if the type of mesh material known</td>
<td>M57.2 / approach code</td>
<td>M57.3 / approach code</td>
</tr>
<tr>
<td>‘vaginal tape NOS’ (for SUI)</td>
<td>Y28.1 Insertion of synthetic mesh into organ NOC</td>
<td>Y28.2 Insertion of biological mesh into organ NOC</td>
<td>Y28.3 Insertion of composite mesh into organ NOC</td>
</tr>
</tbody>
</table>

While described as tape, the material used in tape procedures is also considered to be a type of mesh. As such, if the tape material is known, e.g. synthetic/biological or composite then the appropriate Y28.- Insertion of other material code into organ NOC can be used to supplement the above ‘Introduction’ codes.

**Y28.1 Insertion of synthetic mesh into organ NOC**

**Y28.2 Insertion of biological mesh into organ NOC**

**Y28.3 Insertion of composite mesh into organ NOC**

Note: Y28.4, Y28.8 and Y28.9 should not be used as a subsidiary code for these operations as this does not add any further detail to the primary code.

Some patients may have more than one operation to remove SUI tape. ‘Total removal’ should only be coded if there is a clinical statement making it clear that the tape has been completely removed in any particular operation. Note that this could apply to a further operation to remove any remaining tape after a previous removal operation.

An appropriate approach code, such as

- Open/abdominal Y50.2 laparotomy approach nec
- Vaginal Y50.3 vaginal approach
- Laparoscopic Y75.2 laparoscopic approach to abdominal cavity nec

should always be recorded with any of the above total/partial removal codes.
Sometimes after a tape operation to treat SUI, an area of the tape becomes exposed. In such cases the tape may be oversewn with vaginal epithelium rather than removed. This procedure should be coded as follows:

**M53.8 Other specified vaginal operations to support outlet of female bladder**

**Y25.2 Resuture of organ noc**

**Mesh operations for POP**

POP comprises vaginal and/or uterine prolapse. Coders should be aware that some of the codes for primary POP mesh procedures do not have the word ‘mesh’ in the code title, and that differences in terminology between the P and Q chapters can be confusing.

1) **Primary repair of POP using mesh.**

For coders’ information only, the primary operations have been grouped by a clinician according to surgical approach.

a) Primary POP mesh procedures involving trans-vaginal approach:

**P22.- Repair of prolapse of vagina and amputation of cervix uteri**

**Y28.- Insertion of other material into organ NOC** with fourth digit .1, .2 or .3 depending on mesh type. Fourth digit .4 should be used if mesh type unknown

(P22.- / Y28.- should be used for the use of mesh in any colporrhaphy codeable to P22.-)

**P23.1 Anterior and posterior colporrhaphy**

**Y28.- Insertion of other material into organ NOC** with fourth digit .1, .2 or .3 depending on mesh type. Fourth digit .4 should be used if mesh type unknown

(P23.1 / Y28.- should be used for any use of mesh in a combined anterior and posterior repair)

**P23.6 Anterior colporrhaphy with mesh reinforcement**

If type of mesh material known, add **Y28.- Insertion of other material into organ NOC** with 4th digit .1, .2 or .3 to add more detail.

If mesh type is not known, **Y28.4 Insertion of mesh into organ NOC** is not required

**P23.7 Posterior colporrhaphy with mesh reinforcement**

If type of mesh material known, add **Y28.- Insertion of other material into organ NOC** with 4th digit .1, .2 or .3 to add more detail.

If mesh type is not known, **Y28.4 Insertion of mesh into organ NOC** is not required

**P23.8 Other specified repair of prolapse of vagina**

**Y28.- Insertion of other material into organ NOC** with fourth digit .1, .2 or .3 depending on mesh type. Fourth digit .4 should be used if mesh type unknown

(P23.8 / Y28.- should be used for ‘colporrhaphy with mesh’ NOS)

**P24.6 Repair of vault of vagina with mesh using vaginal approach**

If type of mesh material known, add **Y28.- Insertion of other material into organ NOC** with 4th digit .1, .2 or .3 to add more detail.

If mesh type is not known, **Y28.4 Insertion of mesh into organ NOC** is not required

(this code includes ‘infracoccygeal colpopexy’)

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Q54.6 Infracoccygeal hysteropexy
(this code includes ‘mesh suspension of uterus using vaginal approach NEC’)

Y28.- Insertion of other material into organ NOC with fourth digit .1, .2 or .3 depending on mesh type. Fourth digit .4 should be used if mesh type unknown

The approach code Y50.3 Vaginal approach is NOT necessary with any of these primary codes.

b) Primary POP mesh procedures involving trans-abdominal approach:

These procedures are always performed using mesh and as such even though ‘mesh’ is not stated in the code description, use of mesh is assumed.

P24.2 Sacrocolpopexy

If type of mesh material known, add Y28.- Insertion of other material into organ NOC with 4th digit .1, .2 or .3 to add more detail.

If mesh type is not known, Y28.4 Insertion of mesh into organ NOC is not required

P24.5 Repair of vault of vagina with mesh using abdominal approach

If type of mesh material known, add Y28.- Insertion of other material into organ NOC with 4th digit .1, .2 or .3 to add more detail.

If mesh type is not known, Y28.4 Insertion of mesh into organ NOC is not required

Q54.5 Sacrohysteropexy

If type of mesh material known, add Y28.- Insertion of other material into organ NOC with 4th digit .1, .2 or .3 to add more detail.

If mesh type is not known, Y28.4 Insertion of mesh into organ NOC is not required

When these trans-abdominal procedures are done laparoscopically, Y75.2 Laparoscopic approach to abdominal cavity nec should be recorded as a supplementary code. If the procedure is done laparoscopically and the mesh type is known, the Y75.2 for the laparoscopic approach should be selected in preference to the Y28.- mesh code. It is NOT necessary to record Y50.2 laparotomy approach nec when the approach is open/abdominal.

c) Codes for primary mesh vault repair and mesh uterine suspension when more specific information is unavailable:

P24.8 Other specified repair of vault of vagina

Y28.- Insertion of other material into organ NOC with fourth digit .1, .2 or .3 depending on mesh type. Fourth digit .4 should be used if mesh type unknown

Q54.4 Suspension of uterus using mesh NEC

If type of mesh material known, add Y28.- Insertion of other material into organ NOC with 4th digit .1, .2 or .3 to add more detail.

If mesh type is not known, Y28.4 Insertion of mesh into organ NOC is not required

2) Revisional procedures following mesh repair of POP

a) Removal of mesh implanted during previous repair of vaginal prolapse (colporrhaphy) (primary coded to P22.-, P23.-)

P28.1 Total removal of prosthetic material from previous repair of vaginal prolapse

Or

P28.2 Partial removal of prosthetic material from previous repair of vaginal prolapse
P28.2 would be recorded when ‘removal’ is not specified as total or partial

b) Removal of mesh implanted during previous repair of vaginal vault prolapse (primary coded to P24.-)
P30.1 Total removal of prosthetic material from previous repair of vaginal vault
or
P30.2 Partial removal of prosthetic material from previous repair of vaginal vault

P30.2 would be recorded when ‘removal’ is not specified as total or partial.
Removal of mesh implanted during previous repair of uterine prolapse (primary coded to Q54.4, Q54.5 or Q54.6)
Q54.7 Total removal of prosthetic material from previous suspension of uterus
or
Q57.1 Partial removal of prosthetic material from previous suspension of uterus

Q57.1 would be recorded for when ‘removal’ is not specified as total or partial.

Some patients may have more than one operation to remove POP mesh. ‘Total removal’ should only be coded if there is a clinical statement making it clear that the mesh has been completely removed in any particular operation.

Note that this could apply to a further operation to remove any remaining mesh after a previous removal operation.

An appropriate approach code such as:
Open /abdominal Y50.2 laparotomy approach nec
Vaginal Y50.3 vaginal approach
Laparoscopic Y75.2 laparoscopic approach to abdominal cavity nec

should always be recorded with any of the above total/partial removal codes and use of Y26.- codes for removal of mesh are not required.

c) Sometimes an area of mesh inserted in POP repair becomes exposed. In such cases the mesh may be oversewn with vaginal epithelium rather than removed. This procedure should be coded as follows:

Oversew of exposed vaginal mesh implanted during previous vaginal prolapse repair (colporrhaphy) (primary coded to P22.- or P23.-)
P23.8 Other specified other repair of prolapse of vagina
Y25.2 Resuture of organ noc

Oversew of exposed vaginal mesh implanted during previous vaginal vault repair (primary coded to P24.-)
P24.8 Other specified repair of vault of vagina
Y25.2 Resuture of organ noc

Oversew of exposed vaginal mesh implanted during previous uterine suspension (primary coded to Q54.4, Q54.5 or Q54.6)
Q54.8 Other specified operation on other ligament of uterus
Y25.2 Resuture of organ noc
3) Default codes for removal / oversewing of urogynaecological mesh/tape, reason for original implantation unknown/unspecified

In some cases, surgeons performing revisional surgery may not actually know why mesh/tape was originally inserted. The following codes are for cases when i) the coder has no information that the mesh/tape was originally inserted for SUI or POP, or ii) it is known that the material was inserted for POP but the type of prolapse (vaginal/vaginal vault/uterine) is unknown or unspecified.

a) Removal of mesh/tape implanted for unknown/unspecified reason

P29.8 Other specified other operations on vagina

Y26.6 Partial removal of mesh from organ NOC
(default if not known if total or partial removal)

Or

Y26.7 Total removal of mesh from organ NOC
(if clinical statement present)

If not stated that the mesh removal is partial or total, the default should be partial, Y26.-. ‘Total removal’ should only be coded if there is a clinical statement making it clear that the mesh has been completely removed.

b) Oversew of exposed mesh/tape implanted for unknown/unspecified reason

Default coding is

P29.8 Other specified other operations on vagina

Y25.2 Resuture of organ noc

NOTE: This standard supersedes the previous standard ‘SCCS 16 “Tape/mesh operations for female stress urinary incontinence (SUI) and pelvic organ prolapse (POP)”

Conversion from’ codes in joint replacement/arthroplasty and joint fusion coding

Update to SCCS 19 March 2019

OPCS Chapter W includes a number of categories relating to joint replacement/arthroplasty (W37–W58, W93–W98, O06–O08, O18, O21–O26, O32 and O37–O40) and to joint fusion (W60–W61, W64) which contain ‘conversion to’ and ‘conversion from’ codes.

The convention regarding ‘conversion’ coding has been that a ‘conversion to’ code must always be paired with an appropriate ‘conversion from’ code. However, this pairing convention has prevented the SMR01 recording of laterality or site information for these procedures.

The Clinical Coding Review Group has decided that ‘conversion from’ codes (with fourth character .0) should no longer be recorded.

Instead ‘conversion to’ codes should be supplemented with either the appropriate laterality code (for named joint ‘conversion to’ codes such as W37.2 Conversion to total prosthetic replacement of hip joint using cement) or with the joint site code (for unnamed joint ‘conversion to’ codes such as W60.3 Conversion to arthrodesis and extra-articular bone graft NEC).

‘Conversion to’ codes should continue to be used following the definition of ‘conversion’ found in Chapter W of the OPCS4 Reference Manual.”

N.B. Change as follows: addition of categories O37-O40 in OPCS 4.9

Note: This standard supersedes the standard “Conversion from’ codes in joint replacement/arthroplasty and joint fusion coding” SCCS 19 March 2019.
Non-operative intervention

Update to SCCS7 Jul 14 - addition of new category in OPCS 4.9 - X69.- Other radiotherapy

Recording on SMR01 and SMR02 of interventions/procedures such as imaging, injections, infusions, IV fluids etc. tends to be inconsistent. Data on these interventions/procedures is therefore incomplete. Radiology systems are better suited to recording imaging data although not all such interventions/procedures are captured by these systems e.g. obstetric/gynaecology scans. For obstetric patients on an SMR02 record, who are given several scans of the same type during an episode, it is only necessary to code the first scan given. If an obstetric scan is multi-purpose (e.g. a nuchal translucency scan in which growth is also checked), code to the main purpose of the scan.

N.B. SMR01/SMR02 - recording administration of Anti D Continue to code administration of Anti D using OPCS4 code X30.1 - Injection of Rh immune globulin and ICD10 code Z29.1 – Prophylactic immunotherapy.


<table>
<thead>
<tr>
<th>Intervention/procedure code</th>
<th>Clinical coding standard</th>
<th>Clinical coding standard 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>R36 – R43</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, X69</td>
<td>Not mandatory to code</td>
<td>Code</td>
</tr>
<tr>
<td>X60-X62, X66, X67.-, X68.-</td>
<td>Not mandatory to code</td>
<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-X98</td>
<td>Not mandatory to code</td>
<td>Not mandatory to code</td>
</tr>
</tbody>
</table>

Note: This standard supersedes the standard “Non-operative interventions SCCS 7 Jul 14”

General Information

OPCS 4.9

Coding and information staff are reminded that OPCS 4.9 is to be implemented for all discharges occurring on or after 1st April 2020. New books can be purchased by emailing your order to the The Stationery Office (TSO) nice@tso.co.uk. Providing the order request comes from an NHS email address sites will receive a discount. The cost of each set of books is £70.

The OPCS – 4.9 eVersion Book is also available from the Technology Reference-data Update Distribution Service (TRUD), further details can be found on the TRUD website [here](http://www.datadictionaryadmin.scot.nhs.uk/).

Submission of obsolete codes for episodes after the implementation date will be rejected. Reference files have been altered and are available via NHS net as normal.

Please ensure download of the files has been carried out on your system before validating episodes post-1st April.

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Whilst there are changes to certain codes and categories, there are no new rules or conventions. Coders should follow the ‘Four-Step Coding Process’ to ensure correct assignment of all codes.

It has been decided not to offer training sessions for coders on OPCS 4.9 changes. If, however, any sites feel they wish to discuss the changes in detail, they may request a visit by one of the Clinical Coding Tutors.

These standards will be incorporated into a consolidation document to be published later this year.

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

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