UK Classification Maps in the NHS Digital SNOMED CT Browser

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**SNOMED CT UK Edition and the ICD-10 and OPCS-4 Classifications**

SNOMED CT, ICD and OPCS-4 are nationally required standards that serve different but related and complementary purposes.

SNOMED CT is a structured clinical vocabulary designed to be used by clinicians within an Electronic Patient Record (EPR) at the point of patient care, to support the direct management of the patient. It provides detailed health information, with comprehensive coverage of all clinical specialties and professions including diagnoses, procedures, assessment tools, devices and pharmaceutical products.

The ICD-10 and OPCS-4 classifications are used in the UK for the submission of aggregated diagnostic and interventional information to national database collections to support statistical analysis. The classifications are not designed to provide the granular detail or the broad coverage of SNOMED CT. For example, clinical coders input ICD-10/OPCS-4 codes into NHS Trust Patient Administration Systems (PAS), to provide a summary of consultant episodes of inpatient care.

**Purpose of the maps**

Classification maps can be incorporated into system software to provide a semi-automated link from clinical information recorded by the clinician in the EPR using SNOMED CT to ICD10 and OPCS-4 codes. Use of the maps requires expert knowledge of the rules, conventions and standards of the classification and application of the three dimensions of coding accuracy.

**The maps in the NHS Digital Browser**

The UK browser maps are provided for reference purposes and may be used to assist coders to identify an appropriate classification code for a diagnostic or procedural term, where no specific ICD-10 or OPCS-4 code or index trail exists.

It is not the intention that the browser is used by coders to input SNOMED CT concepts into the Trust coding system. SNOMED CT concepts are designed to be used by clinicians in an Electronic Patient Record. (Please see SNOMED CT and Classification Maps for more information. You may also find the SNOMED CT Awareness for Clinical Coders useful.)

Please note the dagger and asterisk symbols (D/* and A/*) are not displayed within the classification maps. The dagger and asterisk symbols are included in the release mapping tables allowing them to be automatically added as metadata within the coding software. Users of this browser will need to remember to add the dagger/asterisk where appropriate.

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1 National Clinical Coding Standards ICD-10 and OPCS-4 reference books
Using the browser maps

The classification maps can be viewed by selecting the Classification Map tab in the browser, after selecting a SNOMED CT concept:

The classification maps are one directional, providing a map from the SNOMED CT concept to the corresponding classification target code or codes. There are four different types of maps:

**Map type 1**

Links a single SNOMED CT concept to a single target classification code.

SNOMED CT concept **24700007 Multiple Sclerosis** maps to the single ICD-10 default target code **G35.X Multiple sclerosis**. A default target code is always marked as ‘TRUE’ in the rule column.

**Map type 2**

Links a single SNOMED CT concept to a combination of target classification codes. Collectively, these codes represent the full clinical meaning of the concept:

The SNOMED CT concept **24473007 Persistent vegetative state** maps to two ICD-10 default target codes. To comply with national coding standards (**DCS.VI.5 Persistent vegetative state**), **G93.1 Anoxic brain damage** and **R40.2 Coma, unspecified** are both required to be assigned, in the sequence shown.
Map type 3
Links a single SNOMED CT concept to a choice of target codes (marked as ‘ALTERNATIVE’ in the Rule column in the browser). This is to allow final selection, informed by clinical detail found within the medical record, and application of classification expertise by the clinical coder:

Map type 4
Links a single SNOMED CT concept to a choice of classifications maps. Each choice of map may contain a single, combination or choice of target codes. Again, final selection will be informed by clinical detail within the medical record and application of classification expertise by the coder.

In this dagger and asterisk combination example, two maps are offered. The default map in Map Block 1 (outlined in red), sequences the dagger code B02.3 Zoster ocular disease before the asterisk code H22.0 Iridocyclitis in infectious and parasitic diseases. Map Block 2 (outlined in green), reverses the sequencing to allow the disease manifestation (H22.0) to be sequenced in a primary position should this be the main condition treated or investigated during the Consultant Episode. (For further information follow the footer link provided on page 3, which will direct you to where you can download the National Clinical Coding Standards OPCS-4 Reference Book.).

Map Blocks, Map Groups and Map Priorities
The maps are presented as they appear in the mapping tables, which are designed to be read by system software.

Each classification map will contain at least one map block, one map group and one map priority. Map Blocks, Map Group and Map Priority are numbered sequentially, starting at 1.
A **Map Block** signifies a code or string of codes that represent the SNOMED CT concept’s fully specified name (FSN). Multiple Map Blocks will be included within the map if it is necessary to represent the concept in multiple ways (e.g. sequencing of dagger and asterisk codes).

A **Map Group** signifies each individual target code within a Map Block. Each individual code within a Map Block will be allocated to its own Map Group *unless* it is an Alternative code. Where multiple codes are required, the Map Groups builds in any required classification sequencing rules.

*A Map Priority* signifies the priority of the code within the group based on the order in which the codes are presented within mapping tables to enable the information to be read by computer software systems. In a complex map, where alternative targets are provided within a block or a group, an ALTERNATIVE target code is *always* listed before the TRUE target code.

Each Map Block, Map Group and Map Priority is identified in the ‘Map Entries’ column in the browser. The first digit in the map entry indicates the Map Block, the second digit the Map Group and the third digit the Map Priority.

### Example 1 – Persistent vegetative state:

As shown above the map for ‘Persistent vegetative state’ contains one Map Block 1/1/1 and 1/2/1. Within the block there are two Map Groups 1/1/1 and 1/2/1 which enforces the sequencing of the target classifications codes. In this instance **G93.1** is sequenced before **R40.2** to comply with **DCS.VI.5**. As both target codes **G93.1** and **R40.2** are required to represent the meaning of the concept they are both default target codes (TRUE) and both have a Map Priority of one – 1/1/1 and 1/2/1.
Example 2 – Urinary tract infectious disease:

The classification map for **SNOMED CT concept 68566005 Urinary tract infectious disease** contains one Map Block (indicated as follows in the Map Entries field - 1/1/1, 1/1/2, 1/1/3 and 1/1/4).

The single Map Block contains the default target code **N39.0 (TRUE)**, along with codes **O23.4 (ALTERNATIVE)**, **O86.2 (ALTERNATIVE)** and **P39.3 (ALTERNATIVE)**, to allow for additional information within the medical record that would influence final code selection.

As only one classification codes is required to represent the meaning of the concept, Map Block 1 contains one Map Group (1/1/1, 1/1/2, 1/1/3 and 1/1/4).

All Map Group “Alternatives” are presented in the Map before the default target code (TRUE). For instance, in this example ‘Alternative’ target code **O23.4** has a Map Priority of one (1/1/1) and **O86.2** has a Map Priority of two (1/1/2) etc. (Please see information above*).
Example 3 – Herpes zoster iridocyclitis:
The classification map for **10698009 Herpes zoster iridocyclitis** contains two Map Blocks.

a) Map Block 1 - (1/1/1 and 1/2/1)

As two classification codes are required to represent the meaning of the concept, Map Block 1 contains two Map Groups and the map entry 1/1/1 signifies that B02.3 will be sequenced before H22.0 (1/2/1). As both target codes B02.3 and H22.0 are required to represent the meaning of the concept they are both default target codes (TRUE) and both have a Map Priority of one – 1/1/1 and 1/2/1.

b) Map Block 2 - (2/1/1 and 2/2/1)

Map Block 2 allows the sequencing of the Dagger (B02.3) and Asterisk (H22.0) combination to be switched. Again, as two classification codes are required to represent the meaning of the concept, Map Block 2 contains two Map Groups and the map entry 2/1/1 signifies that H22.0 will be sequenced before B02.3 (2/2/1). As both target codes H22.0 and B02.3 are required to represent the meaning of the concept they are both default target codes (TRUE) and both have a Map Priority of one – 2/1/1 and 2/2/1.
Relation status

Not all SNOMED CT concepts will have a map to a classification code (or codes). As SNOMED CT is designed to provide granular clinical information within an EPR, it includes content that is not within scope of the classifications. In other instances, the concept may lack the required detail to enable definitive classification within the axis of ICD-10 or OPCS-4.

SNOMED CT concepts that cannot be mapped to a classification code will be marked with one of the following statuses. The status text will be shown in the ‘Relation’ column in the browser.

1. **High level concept**

A high-level concept lacks enough detail to be mapped to a classification code.

In the example above, the lack of detail is due to the hierarchical parent/child structure of the SNOMED CT concepts. As the main axis of OPCS-4 is body system and the organs within the system, use of the term ‘head’ is not detailed enough to provide an appropriate classification target map. However, any child concepts of ‘biopsy of head’ that include sufficient detail of the specific structure of the head biopsied (e.g. ‘biopsy of meninges of brain’) will have an OPCS-4 classification map.

2. **Map source concept cannot be classified with available data**

A concept that cannot be represented in the classifications.

*Example – Referral to respiratory clinic*

This procedure concept is not in scope of OPCS-4 and therefore is not classifiable.
3. Eponym

The use of eponyms is discouraged for mapping purposes and concepts containing eponymous terms are considered unsafe to map. This aligns with PRule 8: Surgical eponyms which states that when an eponym is used in the medical record, the coder must analyse the procedural information to ensure accurate OPCS-4 code assignment. (For further information follow the footer link provided on page 3, which will direct you to where you can download the National Clinical Coding Standards OPCS-4 Reference Book.)

Example – Watson-Jones operation

Map Advice

The map advice provides information about classification rules. It is included in the maps to allow system suppliers to build classification rules and coding standards into their systems:

Example 1 – Laparoscopic approach to abdominal cavity

Codes from OPCS-4 Chapter Y are used to enhance codes from the body systems chapter and must only be used in a secondary position.
**Example 2 - Postoperative wound infection**

It may be necessary to add an additional code e.g. an external cause code to identify the specific procedure that was carried out and which is associated with the postoperative infection.

**More information**

- A presentation providing an overview of SNOMED CT for clinical coders is available in the Resource Library on Delen

- The ICD-10 and OPCS-4 technical specification documentation is available from the SNOMED CT UK Clinical Extension Release Documentation area of Delen.

- The classification mapping files are available for download from TRUD as part of the SNOMED CT UK Clinical Edition.

**Reporting issues**

Users of the maps who have a query about an existing map or wish to request a new map for an existing SNOMED CT concept should submit a request via information.standards@nhs.net