Coding Notes

Healthcare Pricing Office

No. 92
April 2022

Changing Times

Welcome to the April edition of *Coding Notes*. This edition looks forward to 2022 with the regular updates on all things HIPE. With continuing disruption from COVID-19 and the tragic events in Ukraine, it seems we are living through challenging and changing times.

The HSE has instructed that as a matter of urgency systems be put in place to "track hospital related activity associated with people fleeing from Ukraine seeking care under EU Temporary Protective Directive 2022/382." (Memo to CEOs from Director of Acute Operations, HSE)

The HSE has also instructed that "it is also important that hospitals can distinguish hospital related activity between Ukrainians already resident in Ireland and those specifically seeking care under the Temporary Protective Directive."

In line with this, and as an immediate response from the HIPE community, an administrative variable has now been added to HIPE to identify patients covered by the EU Temporary Protection Directive. The HIPE Portal is now updated to collect this variable and the HIPE Instruction Manual has also been updated to reflect this change. This information will be added manually to the HIPE Portal by HIPE coding staff as it is not available for download. See pages 2 & 3

Ukraine - Temporary Protection Directive

The Temporary Protection Directive (2001/55 EC) has been activated by EU Council Decision EU 2022/382 of 4 March 2022, to provide immediate protection in EU countries for people displaced by the Russian invasion of Ukraine. HIPE data will now collect an administrative variable to identify when patients are under the Temporary Protection Directive. This field will default to "No" and coders must change this to "Yes" when a patient is covered by the Ukraine Temporary Protection Directive.

Ukraine Temporary Protection Directive	
0	No
1	Yes

Business as usual continues as always and the 2022 HIPE clinical coding training programme is now well underway. A query arose at the February Z- Code workshop in relation to patients who are referred by the National Bowel Screening programme for colonoscopy. Detailed information on the programme and a selection of queries raised are published on pages 4 and 5.

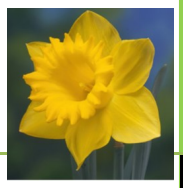
Information on the plans to return to face to face HIPE training for some courses, subject to conditions, is on page 6. Many coders have indicated that the face to face training is more beneficial and although virtual learning was a great resource during the last two years, a gradual return, albeit to a mix of online courses and face to face courses is planned. The HPO looks forward to welcoming back HIPE staff and a gradual return to the in-person classroom training.

The Anatomy and Physiology lecture series for 2022 is now available for HIPE staff to access. Three new lectures are available; Respiratory System, Skeletal System and Infectious and Parasitic diseases for 2022 along with the existing 8 lectures. This is a great resource available exclusively to HIPE staff. All links for 2021 have now expired so please reapply for access (page 7).

The Independent Hospital Pricing Authority has issued additional guidance on a number of queries relating to COVID-19 including queries sent in from Ireland. The queries and advice from IHPA are provided in full on pages 8 to 11.

As always *Cracking the Code* contains a selection of queries submitted to the HPO recently from HIPE staff. There is also a small selection of COVID-19 queries submitted to the HPO.

On page 16 the details of upcoming training with the Education team providing a selection of courses at all levels to HIPE staff.



Thanks to all for your continued hard work and support of HIPE and the HPO.

Inside This Issue

Ukraine EU Temporary Protection Directive 2022/382

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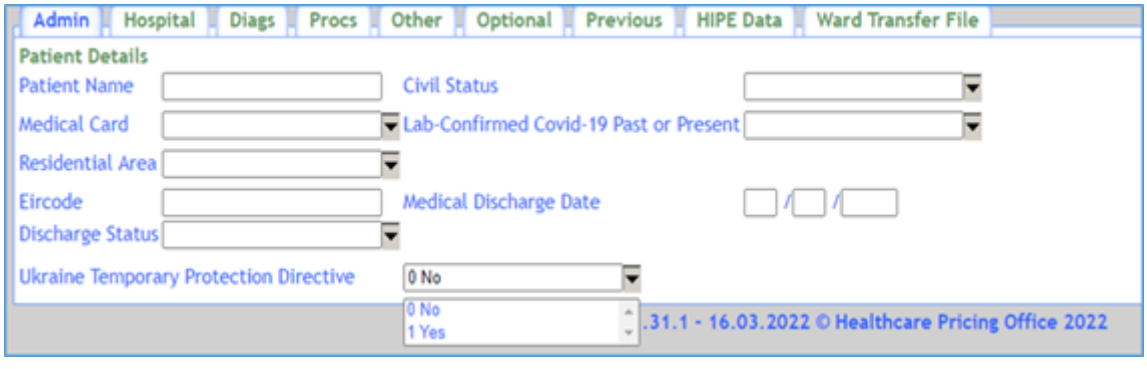
Ukraine Temporary Protection Directive	
0	No
1	Yes

The HIPE Portal presents this variable to coders in the Admin tab as shown below:



The variable will default to "No" and must be changed by HIPE staff as appropriate.

Training on changes to HIPE Variables 2022 (including Ukraine Flag)

The link to a training video was despatched to all HIPE coders on the 5th April. If you did not receive this please contact hipetraining@HPO.ie.

Ukraine EU Temporary Protection Directive 2022/382

Guidance for HIPE Coding of patients covered by the Temporary Protection Directive:

- The area of residence will relate to where the patient is residing in Ireland as per current guidance.
- Patients covered by the Temporary Protection Directive will have this field recorded for all episodes of care on HIPE.
- This information can only be collected for patients admitted in 2022 or later.
- Cases will default to "No" on download and must be changed to "Yes" for this variable where the patient is covered by the Temporary Protection Directive.
- The admission source and discharge destination will be collected in a similar manner as for other patients. If a patient covered by the Temporary Protection Directive is residing in a hotel/hostel or other such temporary facility, please record "*temporary place of residence*" for the admission source or discharge destination.
- It may be difficult to determine "home" when a patient is staying in various types of temporary accommodation. Where patients are staying in any type of accommodation on a temporary basis this can be reflected in the "*temporary place of residence*" admission source and discharge code.
- For example, if the patient is staying with a family and this is now their home on a temporary basis, the source of admission would be 8 *Temporary place of residence* and the code for the discharge destination would be 15 *Temporary place of residence*. The area of residence will capture where the patient is residing in Ireland and the new flag will capture that the patient is covered by the Temporary Protective Directive.
- Various systems across hospitals are being updated to capture this information including IPMs. The IPMs will collect this information as a specific option under the nationality of patients which may be a useful reference for HIPE staff. HIPE does not collect nationality and it is not downloaded to HIPE. HIPE identifies the area of residence rather than nationality.
- The HPO may add additional data entry edits and/or Checker checks on this new variable.
- This change is made on Version 1.31.1 of the HIPE Portal.
- The HIPE Instruction Manual and HIPE summary sheet have been updated to reflect this change and are available at www.HPO.ie .

Example 1:

Patient recently arrived in Ireland from Ukraine, the patient was admitted as an emergency from ED and treated for documented pneumonia (non-COVID). The patient was discharged after 5 days to a hotel in Kilkenny where they are staying with their family.

Admission Type:	4 *Emergency*
Mode of emergency admission:	1 *ED*
Admission source:	8 *Temporary place of residence*
Discharge code:	15 *Temporary place of residence.*
Area of Residence:	0700 *Kilkenny*
Ukraine - Temporary Protection Directive:	Yes
PDx:	J18.9 *Pneumonia, unspecified*

Example 2:

Patient admitted electively for ongoing chemotherapy for breast cancer. The patient is recently arrived from Ukraine and her notes have been sent by her consultant in Lviv. The patient is staying with a family in Dublin 8. The patient is admitted for 3 days for evaluation of her disease and treatment needs and was commenced on IV chemotherapy. The patient was discharged home to their accommodation.

Admission Type:	1 *elective*
Admission source:	8 *Temporary place of residence*
Discharge code:	15 *Temporary place of residence*
Area of Residence:	*0208 Dublin 8*
Ukraine - Temporary Protection Directive:	Yes
PDx:	C50.9 *Malignant neoplasm of breast, unspecified*
Procedure:	96199-00 *Intravenous administration of pharmacological agent, antineoplastic.*

Note: Although the patient was discharged home this is only a temporary place of residence so Discharge code 15 *Temporary place of residence* is used.

National Bowel Screening Programme

& Same-day Colonoscopies

Around 2,800 people are diagnosed with bowel cancer in Ireland every year. Bowel cancer is the second most common of all cancers in men and the third most common of all cancers in women in Ireland (https://www2.hse.ie/screening-and-vaccinations/bowel-screening/bowel-screening-information.html)

The purpose of the Bowel screening programme is to detect bowel cancer at an early stage in people who have no symptoms. If bowel cancer is found early, there is a much better chance of treating it successfully.
Screening may also find other changes in the bowel, such as polyps. Polyps are small growths that are not cancer but, if not removed, might turn into cancer over time. If polyps are found, they can be removed easily.
(https://www.cancer.ie/cancer-information-and-support/cancer-types/bowel-colorectal-cancer/bowel-cancer-screening)

BowelScreen, the national bowel screening programme, sends people in the 60 to 69 year old age group a letter asking them to take part in the bowel screening programme. Men and women who are called for screening and who are willing to take part in the screening programme are sent a home test kit called FIT (Faecal Immunochemical Test) in the post.
This test is carried out by the person in their own home. The easy-to-use test kit will include step-by-step instructions for completing the test and sending the samples by Freepost to a laboratory. The test looks for the presence of blood that is not visible to the eye (occult blood) in the bowel motion
The test results are expected to be normal for more than 9 in 10 people. These people will be invited for routine screening again in two years.
About 5 in 100 people will receive an **abnormal result** and will need an additional test. They will be referred to the hospital for a screening colonoscopy to determine any abnormality in the bowel. (https://www.cancer.ie/cancer-information-and-support/cancer-types/bowel-colorectal-cancer/bowel-cancer-screening)

National Bowel Screening Programme & Same-day Colonoscopies
A Z-code workshop was held on 23rd February 2022 and classification guidelines were discussed in relation to patients who are referred by the national bowel screening programme for a colonoscopy.

> **Query: What diagnoses codes are assigned for patients who are referred by the *National Bowel Screening Programme* with a positive faecal occult blood test (FOBT) and are admitted for same-day colonoscopy?**

Same-day endoscopy - classification guidelines
Where a patient is admitted for a same-day endoscopy to investigate symptoms, signs or abnormal findings, please follow the guidelines in **ACS 0051** *Same day endoscopy- diagnostic*

No findings at colonoscopy
"1.3 If there are no findings at diagnostic endoscopy, assign a code for the indication/symptom as the principal diagnosis"

Example 1:

Patient referred by the National Bowel Screening Programme with a positive faecal occult blood test (FOBT) and is admitted for same-day colonoscopy under oral sedation. No biopsies were taken and no findings noted.

Diagnosis Code:

R19.5 *Other faecal abnormalities*

Intervention Codes:

32090-00 [905] *Fibreoptic colonoscopy to caecum.*

National Bowel Screening Programme & Same-day Colonoscopies *Continued*

Findings at colonoscopy but no causal link documented

"1.2 If no causal link is documented between the indication/symptom and any of the findings: assign a code for the indication/ symptom as the principal diagnosis and assign codes for all findings as additional diagnoses."

Example 2:
Patient referred by the National Bowel Screening Programme with a positive faecal occult blood test (FOBT) and is admitted for same-day colonoscopy under oral sedation. No biopsies were taken. 1st degree haemorrhoid noted at anus to be of no significance.

Diagnoses Codes:
R19.*5* *Other faecal abnormalities*
K64.0 *First degree haemorrhoid*
Intervention Codes:
32090-00 [905] *Fibreoptic colonoscopy to caecum*

Findings at colonoscopy with a causal link documented

"1.1 If a causal link is documented between the indication/symptom and any of the findings, that is, either the clinician documents the link, or the classification directs clinical coders to assume a link:

- assign as principal diagnosis a code for the finding identified as the cause of the indication and do not assign a code for the indication/symptom….. and
- assign codes for all other findings as additional diagnoses (note these findings do not need to meet the criteria in ACS 0002 *Additional diagnoses*)."

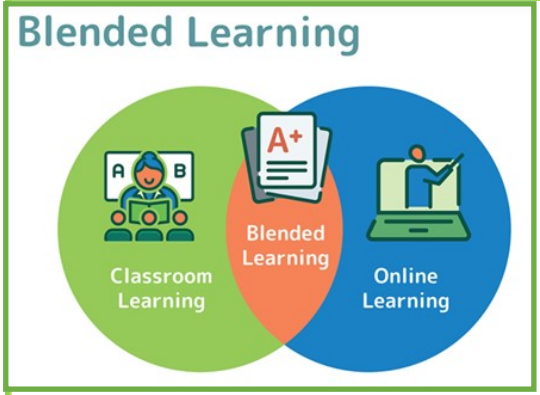
Example 3:
Patient referred by the National Bowel Screening Programme with a positive faecal occult blood test (FOBT) and is admitted for same-day colonoscopy under IV sedation (ASA 1). A small polyp in sigmoid colon was biopsied. 1st degree haemorrhoid noted at anus. Histology reported the polyp to be an adenocarcinoma of the sigmoid colon. Consultant confirmed the FOBT to be an indication of the adenocarcinoma.

Diagnoses Codes:
C18.7 *Malignant neoplasm of colon, Sigmoid colon*
K64.0 *First degree haemorrhoid*

Intervention codes:
32090-01[911] *Fibreoptic colonoscopy to caecum, with biopsy*
92515-19 [1910] *Sedation, ASA 19*

Note: In the examples above, even though the patient was referred through the National Bowel Screening Programme a Z-code for special screening is <u>not</u> assigned as there was an indication for the colonoscopy documented (the presence of occult blood) so the classification guidelines in **ACS 0051** *Same day endoscopy- diagnostic* apply.

HIPE Education - a blended learning approach



For many years HIPE education has been delivered through a blend of in-person training courses, pre-course learning activities and courses that are delivered through virtual platforms. As an emergency measure, it was necessary to deliver all HIPE Training remotely over the past 2 years during the COVID-19 pandemic. We would like to thank you for participating in HIPE training over the past two years and for your patience in awaiting the return of in-person training. Despite the many challenges, including the cyber-attack on HSE IT systems in 2021, a total of 57 courses were delivered with 778 participants during the year. We would also like to thank HIPE Managers and IT teams throughout the hospital system who supported their teams in accessing courses remotely.

As remote learning will continue to play a key role in HIPE education it is important that HIPE Coders have the necessary resources, including a device that has a microphone and camera to fully engage in training courses that are delivered through virtual platforms. The HPO will continue to work with hospitals to support this and improve learning experiences and learning outcomes for participants.

While many participants welcomed the convenience of being able to access all HIPE training remotely, coders are increasingly reporting that they miss the in-person training courses and meeting up with colleagues from other hospitals. Although technology-based training is becoming increasingly popular, training experts agree that it will never completely replace classroom training. It is widely acknowledged that training delivered in a classroom setting facilitates group interaction that enhances learning and participants can learn from one another as well as from the trainer.

Looking back

Our experience of delivering all HIPE Education over the past 2 years provided us with an opportunity to evaluate what elements of the HIPE education programme can be delivered effectively & efficiently via virtual platforms and highlighted the areas where in-person training would provide a better learning experience and contribute to better learning outcomes.

The benefits of remote learning include: flexibility, training can be organised at short notice, training rooms are not required, saves travel time and expenses, convenience, over 100 participants can join a course and participants can access their own IEbook.

Training that is delivered in-person provides more of a hands-on experience, facilitates better communication between participants and trainers, supports networking with other colleagues, and knowledge exchange. This is particularly important for new coders, especially when receiving their initial training. Over 40 new coders joined the system and participated in training courses over the past 2 years but they haven't had an opportunity to meet colleagues from other hospitals or the HPO team in person so we look forward to meeting you this year.

From our experience in delivering training through a blend of in-person and virtual platforms, in-person training is more favourable for courses with a duration of > 1 day.

Return to classroom in-person training

We are delighted to announce a return to in-person training with Coding skills II (a) to be held in the HPO from Tuesday 10th – Thursday 12th May inclusive. (Subject to conditions at the time).

When applying to participate in HIPE training courses please take note of the location/mode of delivery e.g. online only or HPO only. We look forward to meeting up with you during the year.

Anatomy & Physiology Lecture Series 2022

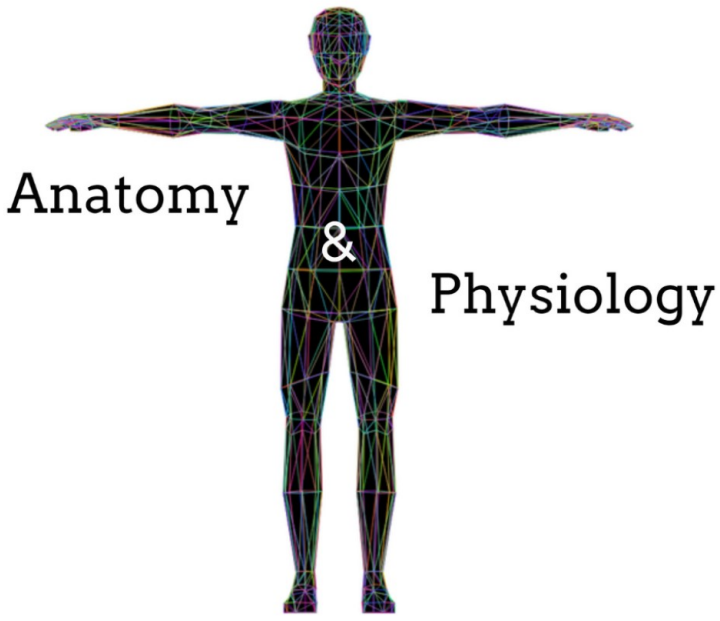
Eleven pre-recorded anatomy & physiology lectures are now available for repeated viewing until 31st December 2022 for HIPE Clinical Codes and HIPE Managers. Details of these lectures delivered by Professor Clive Lee are as follows:

1. Introduction to A&P
2. A&P - ENT
3. A&P Skin
4. A&P Haematology
5. A&P Neuroendocrine
6. A&P The Digestive System
7. A&P The Circulatory System
8. A&P The Genitourinary system
9. A&P The Respiratory System (new for 2022)
10. A&P The Skeletal System (new for 2022)
11. A&P Infectious and Parasitic diseases (new for 2022)

Please note that the links to access lectures from 1 – 8 that were provided in 2021 have now expired and are no longer valid.

If you require access to any of the lectures listed above, please contact hipe.training@hpo.ie and links to the videos will be dispatched to you.

Please note that these lectures are to be accessed by HIPE clinical coders & HIPE Managers only and are not to be circulated beyond their intended audience.



Additional guidance on COVID -19 from

The Independent Hospital Pricing Authority

IHPA has issued guidance on a number of queries relating to COVID-19 including queries from Ireland. The queries and advice from IHPA is provided in full below.

In Australia antigen tests for COVID-19 are referred to as Rapid Antigen Tests (RATs).

In summary:

Guidance has been issued on the coding of administration of monoclonal antibodies (e.g. Sotrovimab) for COVID-19. The administration of this medication falls under the guidance in ACS 0042 *Procedures not normally coded* and will be coded where this is the principal reason for admission in a daycase but will not be coded when administered for inpatients.
See "Q 3753 Monoclonal Antibodies for treatment of COVID-19" on the opposite page.

A code for History of COVID -19 cannot be assigned based solely on a positive antigen test in the past as this is not a confirmed COVID-19 infection.
See "Q 3775 History of positive result on COVID-19 rapid antigen test" below.

Where a patient is admitted and has COVID-19 identified by antigen testing only, the code assignment will be U07.2 *Emergency use of U07.2 (COVID-19, virus not identified)*.
See "Q 3766 Use of rapid antigen test results for COVID-19 emergency use code assignment" over the page.

For vaccine induced immune thrombotic thrombocytopaenia syndrome (VITTS) due to COVID-19 vaccine, IHPA have advised assigning D69.5 *Secondary thrombocytopaenia* along with U07.7 *Emergency use of U07.7 (COVID-19 vaccines causing adverse effects in therapeutic use)* where clinical documentation indicates that a patient has experienced an adverse effect due to a COVID -19 vaccination.
See "Q3776 Vaccine induced immune thrombocytopaenia syndrome" over the page.

History of positive result on COVID-19 rapid antigen test

Ref No: Q3775 | Published On: 15-Mar-2022 | Status: Current

Question:

Is a previous positive rapid antigen test (RAT) result for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) conducted by a patient at home (i.e. outside the health facility) sufficient to assign U07.3 *Personal history of COVID-19*?

Answer:

Coding Rule, titled *Classification of post COVID-19 conditions*, advises to assign U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* as an additional diagnosis where clinical documentation indicates that the patient has previously confirmed coronavirus disease 2019 (COVID-19) that is no longer current.

Documentation of a positive result of a rapid antigen test for SARS-CoV-2, that has been conducted by the patient at home (i.e. outside of the health facility) is not by itself confirmation of a past COVID-19 diagnosis.

Assign U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* where clinical documentation indicates a previously confirmed COVID-19 diagnosis that is no longer current.

Monoclonal antibodies for treatment of COVID-19

Ref No: Q3753 | Published On: 15-Dec-2021 | Status: Current

Question:

What codes are assigned when monoclonal antibodies are administered as treatment for COVID-19 in a same-day episode of care?

Answer:

Where treatment is provided for coronavirus disease 2019 (COVID-19), assign the relevant ICD-10-AM codes for COVID-19 in accordance with the published *National Coding Advice*.

Monoclonal antibodies (mAbs) are developed in a laboratory and are designed to mimic or enhance the body's natural immune system response against an invader, such as cancer or an infection (Lloyd et al. 2021).

Sotrovimab is a type of mAbs which has been developed for the treatment of mild to moderate COVID-19 (VTAG 2021).

Assign ACHI codes for administration of mAbs in accordance with the guidelines in ACS 0042 *Procedures normally not coded.*

When mAbs are administered for the treatment of COVID-19 as the principal reason for admission in a same-day episode of care, assign a code from block **[1920]** *Administration of pharmacotherapy* with extension -02 *Anti-infective agent* where antiviral agents are an inclusion term.

Follow the ACHI Alphabetic Index:

Administration

- type of agent

- - anti-infective — *code to block* **[1920]** *with extension -02*

References:

Lloyd, E. C., Gandhi, T. N., & Petty, L. A., 2021, 'Monoclonal Antibodies for COVID-19', *JAMA Network*, vol. 325, no. 10, pp.1015.

<https://jamanetwork.com/journals/jama/fullarticle/2776307>.

Victorian therapeutics advisory group (VTAG) 2021, *Use of Sotrovimab in adults with COVID-19*, viewed 01 December 2021, <https://www.victag.org.au/1.-PATIENT-INFORMATION_use-of-Sotrovimab_in-COVID-19_V1.1_9Sept21_pdf_.pdf>.

Vaccine-induced immune thrombotic thrombocytopenia syndrome

Ref No: Q3776 | Published On: 15-Mar-2022 | Status: Current

Question:

What code is assigned for vaccine-induced immune thrombotic thrombocytopenia syndrome (VITTS)?

Answer:

Thrombosis with thrombocytopenia syndrome (TTS) is a rare and specific syndrome. It occurs when a person has blood clots (thrombosis) as well as low platelet counts (thrombocytopenia). It is also referred to as 'vaccine-induced immune thrombotic thrombocytopenia' (VITT) syndrome (Healthdirect 2021).

Coding Rule titled *Code assignment and sequencing for COVID-19 vaccines causing adverse effects in therapeutic use,* advises to assign an appropriate chapter code and external cause codes for specified adverse effects (complications) of a COVID-19 vaccination.

Assign D69.5 *Secondary thrombocytopenia* for VITT syndrome (VITTS).

Follow the ICD-10-AM Alphabetic Index:

Thrombocytopenia, thrombocytopenic

- secondary D69.5

Assign U07.7 *Emergency use of U07.7 [COVID-19 vaccines causing adverse effects in therapeutic use]* in addition to external cause codes where clinical documentation indicates that a patient has experienced an adverse effect due to a COVID-19 vaccination.

Improvements to this area of the classification have been included in ICD-10-AM Twelfth Edition.

See also Coding Rule *COVID-19 vaccines causing adverse effects in therapeutic use*.

See also Coding Rule *Code assignment and sequencing for COVID-19 vaccines causing adverse effects in therapeutic use*.

References:

Healthdirect 2021, *Thrombosis with thrombocytopenia syndrome (TTS)*, viewed 25 January 2022, <https://www.healthdirect.gov.au/thrombosis-withthrombocytopenia-syndrome-tts>.

Use of rapid antigen test results for COVID-19 emergency use code assignment

Ref No: Q3766 | Published On: 15-Mar-2022 | Status: Current

Question:

Are rapid antigen test results considered laboratory tests for the purposes of assigning emergency use codes for COVID-19?

Answer:

Rapid antigen tests (RATs) detect the presence of specific proteins of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus. RATs are more accurate when used by individuals with symptoms or those who have been in contact with a coronavirus disease 2019 (COVID-19) patient. RATs are not as accurate if people are asymptomatic. False positive or false negative results may be provided (TGA 2021).

The World Health Organization (WHO) has advised:

- U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* is to be assigned when COVID-19 has been documented as confirmed by laboratory testing.
- U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]* is to be assigned when COVID-19 has been documented as clinically diagnosed COVID-19, including evidence supported by radiological imaging (i.e. where a clinical determination of COVID-19 is made but laboratory testing is inconclusive, not available or unspecified).

Clinical advice has confirmed that RATs are not a laboratory test, but are being used as confirmation of a COVID-19 diagnosis.

Assign U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* when there is documentation of COVID-19 confirmed by a positive **laboratory** test for SARS-CoV-2 (such as polymerase chain reaction (PCR) test).

Assign U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]* when there is documentation of COVID-19 confirmed via a **non-laboratory** test (such as an x-ray or a RAT) or where laboratory testing is inconclusive, not available or unspecified.

Do not assign Z03.8 *Observation for other suspected diseases and conditions* or U06.0 *Emergency use of U06.0 [COVID-19, ruled out]* based on a negative SARS-CoV-2 RAT result.

Assign these codes only when a laboratory test has been performed and the result rules out COVID-19.

This advice was provided to jurisdictions for dissemination on 13 January 2022 and confirmed existing advice regarding the assignment of COVID-19 emergency use codes and other associated codes.

Cracking the Code

A selection of Coding Queries

Q. I have come across BTM [Biodegradable Temporising Matrix] used in two plastic surgery cases and would appreciate if you could let me know if an additional procedure code is necessary? It is usually used in combination with excision of skin cancers.

It seems to be a " biodegradable foam bonded to a non-biodegradable transparent sealing membrane. Developed for the treatment of full-thickness wounds where the dermal structure has been lost to trauma or surgical debridement." (https://www.woundsource.com/product/novosorb-btm-biodegradable-temporizing-matrix).

A. Thank you for this interesting query. We have sought advice from IHPA on this and will revert back once received. In the meantime we advise assigning the following code;

90672-00 [1640] *Synthetic skin graft*

Q. Can I just check regarding the new palliative care consultant field for cases coded in January 2022. If the patient is seen by palliative care nurse can the palliative care consultant box be ticked or does the patient have to been seen by a "consultant"?

A. This new administrative field is capturing if the specialist palliative care team attended a patient during the episode. If you refer to Irish Coding Standards, guidelines for administrative data, Specialist palliative care team Involvement, page 22 bullet point 4 it notes "This variable can be collected when there is documented involvement of any member of the specialist palliative care team including palliative care nurse, NCHD or consultant in palliative care".

Q. Regarding Neonate Feeding if it is TPN Feed do you always use 96202-07?

Also if Breast milk is fed through an NG Tube do I code the procedure at all and if so what procedure do I use?

A. For Neonate feeding:

Total Parenteral Nutrition (TPN) is when nutrition is delivered into the patient's bloodstream.

See ACS 1615 *Specific Diseases and Interventions related to the sick neonate*, section 2, code for TPN

Assign 96199-07 [1920*] Intravenous administration of pharmacological agent, nutritional substance*

Enteral nutrition through a tube is when nutrition is delivered into the gut.

See ACS 1615 *Specific Diseases and Interventions related to the sick neonate* Section 1, Enteral infusion

If the breast milk is fed through a tube then you are correct to code 96202-07 [1920] *Enteral administration of pharmacological agent, nutritional substance*

Note that this code should be assigned only when administered multiple times (>1) within an episode of care

Reference: https://www.bapen.org.uk/nutrition-support/assessment-and-planning/enteral-and-parenteral-nutrition

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Q. A patient cancelled a 'day case' because they had to attend another clinic elsewhere.
What is the correct code for this or should it be deleted from the portal if the patient wasn't admitted?

A. Did the patient attend the hospital for daycase and cancel once registered/admitted?

If yes and the patient did cancel after being admitted to the hospital then code the reason for admission as principal diagnosis and an additional diagnosis of:

Z53.2 *Procedure not carried out because of patient's decision for other and unspecified reasons*

If the patient did not attend or was not admitted then they should not be admitted on the system and the case is not a HIPE discharge.

Cracking the Code

A selection of Coding Queries

Q. A patient had a termination of pregnancy at 25 weeks for fatal fetal abnormality, severe fetal hydrops. The patient had medical and surgical induction of labour with epidural for pain relief. She had a spontaneous vaginal delivery with an intact perineum with delivery of a stillborn infant. She was seen by the social worker. How is this coded?

A. Please follow the advice in ACS 1511 *Termination of pregnancy*. As the duration of pregnancy is 25 weeks which is after fetal viability (22 weeks) a code to indicate the reason for the medical abortion is assigned as the principal diagnosis. Please contact the HPO for the case to be entered when instructed by the HIPE Portal as there are additional checks on coding accuracy performed. The code assignment for this case is provided below.

O36.2 *Maternal care for hydrops fetalis*
O04.9 *Medical abortion, complete or unspecified, without complication*
O80 *Single spontaneous delivery*
O60.3 *Preterm delivery without spontaneous labour*
O09.3 *20-25 completed weeks*
Z37.1 *Single stillbirth*

90467-00 *Spontaneous vertex delivery*
92506-19 *Neuraxial block during labour, ASA 19*
90465-05 *Medical and surgical induction of labour*
95550-01 [1916] *Allied health intervention, social work*

Q. Can you please advise on the correct way to code the diagnosis for a patient who has a colonoscopy, the patient's brother has a history of colon CA and patient has previously had scope for same?

Findings on scope were Hyperplastic polyp (which was removed) and Diverticulosis.

A. The code K63.58 *Hyperplastic polyp* is not classified to a neoplasm. As the reason for the screening was for examination for neoplasm and that wasn't found, the polyp would not be coded as the principal diagnosis but as an additional diagnosis (as it was treated and meets the criteria in ACS 0002). The diverticulosis is not coded as it does not seem to meet ACS 0002 based on the information supplied. Please assign

Z12.1 *Special screening examination for neoplasm of intestinal tract*
K63.58 *Hyperplastic polyp*
Z80.0 *Family history of neoplasm of digestive organs*

Q. Is there a specific code for "Pressure injury buttock"?

There is a specific code for pressure injury buttock in 10th edition. If you go to the top of the pressure injury code category L89 *Pressure Injury* you will see that buttock falls under ischium.

✸5 ischium
Buttock

If there is documentation of the stage, assign appropriate code depending on the stage. If the stage is not documented assign code as follows.

L89.95 *Pressure injury, unspecified stage, ischium*

Q. Can I check that Propess Medical Induction falls under the code of Prostaglandin 90465-01 *medical induction of labour, prostaglandin* .

A. Yes, code 90465-01 [1334] *medical induction of labour, prostaglandin* is assigned when Propess is used for medical induction.

"What is Propess and how does it work?
Usually the first stage of the induction process is to use 'prostaglandins', hormones which are usually produced by the body. These ripen the neck of the womb (cervix) causing it to soften, shorten and start to open. The Propess pessary contains a synthetic prostaglandin and is placed high into the vagina next to the neck of the womb. The pessary looks like a small flat tampon and has a tape attached which makes it easier to remove if needed."

Source: https://www.hdft.nhs.uk/content/uploads/2018/07/Birth-Induction-of-Labour-leaflet.pdf

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Cracking the Code

A selection of Coding Queries

Q. Patient had infected left femoral graft and abdominal pain on a background of previously infected EVAR in 2019 (endovascular aneurysm repair). How is this coded?

A. As the EVAR infection occurred in 2019 you would not code it as a current infection. However, the current infection is as a result of that procedure (based on information provided with this query). We suggest coding as follows.
T82.73 *Infection and inflammatory reaction due to other vascular grafts*
Y83.2 *Surgical operation with anastomosis, bypass or graft*
Y92.2x *Assign the appropriate place of occurrence* as to the health service area where the EVAR was performed in – this may or may not be this hospital.

COVID-19 Queries

Q. A patient is admitted with severe headache treated as a case of meningitis. The patient has a positive antigen test day before admission and is treated and documented as a COVID-19 patient. There is no laboratory report or evidence that a PCR was done.

A. Please assign a code for meningitis as the principal diagnosis followed by
B34.2 *Coronavirus infection, unspecified site*
U07.2 *Emergency use of U07.2 (COVID-19,virus not identified)*
to identify cases documented as clinically diagnosed COVID-19 but laboratory testing is inconclusive, not available or unspecified.

Q. Could you please advise how patients presenting with positive antigen tests should be coded. The majority are getting an additional PCR in the hospital, but not all.
Therefore should U07.2 be used for these cases and lab confirmed left blank?

A. Yes, if the clinician is treating the positive antigen test result for patients as COVID-19 then you are correct to use the U07.2 *Emergency use of U07.2 (COVID-19,virus not identified)* and leave the lab confirmed COVID-19 field blank.

Q. We have come across a couple of cases had no mention at all of COVID-19 or symptoms or the fact that they even swabbed the patient for COVID-19 in the clinical notes, but these patients are positive on the Lab system – should these cases be coded from the Lab system alone?

A. Please continue to follow ACS 0010 *General abstraction guidelines*, *test results*. Lab results are only coded where they clearly add specificity to an already documented condition that meets the criteria for coding. As there is no documentation of COVID-19 you should not code the lab results.
However, as you have come across a couple of cases this should be brought to the attention of Infection Control. Is it possible that results on this Lab system contains results from the community? Also, it is unclear if the result on the Lab system relates to a current episode of care.

You can tick the COVID-19 flag to 'yes' but do not code COVID-19 as a current condition without supporting documentation in the chart.

Q. A patient is admitted on 07.12.21 for LRTI after having a routine negative COVID-19 swab.
The patient is swabbed again on 09.12.21, 16.12.21, 29.12.21 & 04.01.22 – all of these swabs are COVID-19 negative. The Patient has a further COVID-19 swab on 06.01.22 because they are transferring to a nursing home which comes back COVID-19 Positive (no symptoms). The patient is put in isolation and kept in hospital for a further 10 days.
There is no mention anywhere in chart that this COVID-19 infection is hospital acquired or that patient was a close contact. Can I code the COVID-19 infection as a HADx as the patient was an inpatient for so long and had 4 previous negative tests?

A. It is likely that this is a hospital acquired infection due to the length of stay. However, without supporting documentation or confirmation from infection control that it is, we cannot assign the HADX flag to the COVID-19 diagnoses codes.

Do you have a HIPE coding query?

Please email your query to: **hipecodingquery@hpo.ie**

To answer your query we need as much information as possible, please use the Coding Help Sheet as a guide to the amount of detail required, available at:

www.hpo.ie/find-it-fast.

Please <u>anonymise</u> any information submitted to the HPO.

iEbook – Note Feature

One relatively unused feature of the iEbook is the note feature. This feature allows coders to annotate the iEbook content either for all the coders in their hospitals or for a coder themselves. Annotating the iEbook helps with standardising coding as it helps to remind coders about specific guidelines against particular codes. These guidelines, of course, should not contradict the national coding standards and guidelines via the ACS and ICS.

One hospital has created over a hundred notes for all the coders in the hospital meaning that for selected codes, additional information has been added. Most of the other hospitals have not used this feature. Additionally, coders in thirteen hospitals have created personal notes where they have marked sections of the book.

Creating Notes

To create a note against a code, simply click on the text of the code and the popup on the left will appear (*Fig 1*). This screen shows any notes against the code. If there are already notes against the code, there will be a box beside the code similar to the following

Damage 1

Existing notes are shown in the list as shown at (A). Click on the ▸ to read the note.

Fig 1

To add a new note, click on the + button (B) and the screen at *Fig 2* will appear.

To create a note only available to the coder, choose "personal" at (C). For a note available for everyone in the coding office, choose "Public (for everyone in the Hospital)".

Enter the title for the note at (D) and enter the body of the note at (E).

Use the "Save" button (F) to save the note and the "Cancel" button (G) to cancel a note (and not save it).

Fig 2

Notes can be added in most places in the iEbook but there are some points in the iEbook where a note cannot be added. The following message will appear on the screen where a note is attempted to be created at a location where it cannot be added.

If there are any questions about using the note feature in the iEbook please contact HIPEIT@HPO.IE

Upcoming Courses

Please inform the HPO if a new member of staff joins your HIPE department and we will dispatch a starter pack and arrange training as appropriate.

To apply for any of the advertised courses, please complete the online training application form at: www.hpo.ie/training or use this: http://www.hpo.ie/training/frmTraining.aspx

Please ensure you enter the correct work email address when applying for courses. Please do not use personal email addresses. All information provided will be kept confidential and only used for the purpose it is supplied. Please inform us of any training requirements by emailing hipe.training@hpo.ie

When applying to participate in training courses please take note of the details regarding the venue or method of delivery (see also page 6 for information on the return of in-person classroom training).

Closing date for completion of online application forms for all courses

To allow time for the HPO Education Team to dispatch training materials and for completion of pre-course learning activities by participants in advance of courses, it is paramount that applications are submitted on time. Please submit completed applications no later than 7 working days in advance of the course start date.

Essential materials To participate in courses online you will require the following:

- ICD-10-AM/ACHI/ACS 10th edition (IEBook or hard copy)
- Training materials, dispatched in advance of the course
- Irish Coding Standards 2022 (V1)
- 2022 HIPE Instruction Manual (V1.0)

Training on changes to HIPE Variables 2022 (including Ukraine Flag)

The link to a training video was despatched to all HIPE coders on the 5th April. If you did not receive this please contact hipetraining@HPO.ie.

Coding Skills II (A)

This 3 day course is centred on clinical coding and clinical coding guidelines and includes HIPE Portal training. Participants must have completed *Introduction to HIPE I & II and Coding Skills I* before attending this course. Materials will be dispatched by email in advance of the course.

Date: Tuesday 10th – Thursday 12th May 2022
Time: 10.00am - 5.00pm each day.
Location/method of delivery: HPO, Brunel Building only

Coding Skills II (B) Respiratory

This 1 day course will concentrate on common respiratory conditions, coding and classification guidelines in relation to these conditions, and associated interventions. Participants must complete *Coding Skills II (A)* before attending this course.

Note: Pre-course videos will be dispatched for viewing in advance

Date: Wednesday 25th May 2022
Time: 10.00am - 5.00pm
Location/method of delivery: Online only

HIPE Portal Training

Date: Wednesday 13th April 2022
Time: 10.00am—12.00am (Part 1)
2.00pm—4.00pm (Part 2)
Location/method of delivery: Online only

Further information on upcoming scheduled HIPE training is available on the HPO website www.hpo.ie and also on the HIPE 2022 HIPE training calendar also available on the website.

Coding Skills II (C) Endoscopy Follow up

The half- day course is centred on the clinical coding of same day endoscopies and the associated classification guidelines. Participants must have completed *Coding Skills II (A) & Coding Skills II (B)* before attending this course.

Note: There is a requirement that Endoscopy tutorial videos (2 hours duration) be viewed in advance of the session. These will be dispatched along with other Coding Skills II training materials, approximately 2 weeks beforehand to allow time for completion of self-directed learning.

Date: Thursday 16th June 2022
Time: 10.30am-1pm
Location/method of delivery: Online only

Data Quality

This is an update on data quality activities and tools including The Portal, HCAT and Checker. This session will be repeated subject to demand.

Date: Tuesday, 28th June 2022 (change to published calendar)
Time: 11.00am – 1.00 pm
Location/method of delivery: Online only

Anatomy & Physiology Lectures
See page 7.

Thought for Today

"It's time for us to turn to each other,
not on each other." Jesse Jackson.