Coding Notes

HIPE&NPRS UNIT, ESRI

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Anne Clifton R.I.P.

As you will all be aware our close friend and colleague, Anne Clifton died unexpectedly in December 2004. Anne had worked as manager of the HIPE&NPRS Unit at the ESRI since 1989. Before this she had worked for many years in the Meteorology Service before deciding to move to the area of Health Information Management.

Anyone who dealt with her both on a professional and personal basis will be aware of her enormous generosity and overwhelming capacity to give.

She was the kindest and gentlest person who always considered everyone's viewpoint and feelings whenever decisions and choices were made both within the ESRI and anywhere else. The overwhelming messages of condolence and memories are greatly appreciated by her colleagues in the ESRI. Many people speak of her unfailing support for those she came in contact with. She is remembered as a happy, positive vital woman who gave all to everything she did and everyone she met. Her generosity of spirit, time and of herself was limitless. She loved to sail, to sing and to laugh. We remember her fondly and miss her greatly.

Anne brought the HIPE Unit through many changes and oversaw the implementation of many innovations and developments of the system. The HIPE&NPRS Unit of dedicated staff is testament to her abilities, capacity, generosity and not least her organisational skills. We will continue the work here in memory of a close colleague and friend who will never be forgotten.

We shall draw from the heart of suffering itself the means of inspiration and survival. Winston Churchill

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Cracking the Code!

A selection of ICD-10-AM related queries

1. A patient is admitted for a total hip replacement for osteoarthritis. Two days postoperatively she suffers an MI and dies. As the MI is the cause of death, should this be principal diagnosis?

No. ACS 0001 defines the principal diagnosis as "The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital". As the patient's osteoarthritis was the condition that brought the patient into hospital and occasioned her episode of care, OA will be sequenced as the principal diagnosis. The MI will be sequenced as an additional diagnosis.

2. What are the appropriate codes to assign for a patient with epilepsy and type 2 diabetes?

ACS 0401 *Diabetes* states that only conditions indexed under 'Diabetes, diabetic' can be classified to 'with complication' categories in E10-E14. As epilepsy is not indexed at 'Diabetes, with' in Volume 2, the conditions need to be coded separately. These conditions should only be coded if they meet the additional diagnosis definition (ACS 0002).

3. A patient is admitted with hypertension. The patient also has a diagnosis of Type 2 diabetes and BSLs were monitored during the admission. What should we assign as principal diagnosis?

The coding of the diabetes will take precedence as principal diagnosis in this case. As hypertension is listed at 'Diabetes, with' in the index, the advice in ACS 0401 Diabetes will be followed. The appropriate codes to assign will be:

1. E11.72 *Type 2 diabetes mellitus with features of insulin resistance*
2. I10 *Essential (primary) hypertension*

4. If an ORIF (open reduction with internal fixation) of a fracture is performed, does this indicate that there was an open fracture ?

No – as ORIFs can be performed on closed fractures as well as open fractures, open fracture would need to be the documented diagnosis before coding the fracture as open. Two codes are required in ICD-10-AM when coding open fractures.

5. A patient has 2 separate procedures in the same admission. Do we need to code the anaesthesia for each procedure? How should the anaesthesia codes be sequenced?

ACS 0031 *Anaesthesia* advises "If the same anaesthetic is administered more than once during different 'visits to theatre' within the total episode of care (e.g. two general anaesthetics), it should be coded as many times as performed." Anaesthesia codes are sequenced immediately following the procedure codes(s) to which they relate.

6. Do we code local anaesthesia?

No – unless data on such interventions are required at local hospital level (ACS 0031 *Anaesthesia*). Please inform the ESRI if your hospital has chosen to code local anaesthesia and the reasons for doing so.

7. Can we code systemic disorders listed on the anaesthetic sheet if the patient's ASA score is >1?

ASA assignment cannot be used to code a condition listed on the anaesthetic sheet. It must still meet the regular additional diagnosis criteria outlined in ACS 0002.

8. What code do you assign for basal pneumonia? The index leads you to see Pneumonia, lobar.

Unless a diagnosis of lobar pneumonia is clarified with the clinician, the code J18.9 *Pneumonia unspecified* should be used as per ACS 1004 *Pneumonia*.

Cracking the Code!

Continued..

9. Is code O09 *Duration of Pregnancy* assigned for all maternity patients?

No. Codes from O09 *Duration of pregnancy* are only assigned for a specific group of high risk pregnancies. ACS 1518 *Duration of Pregnancy* states that a code from category O09 will only be assigned as an additional diagnosis in the following cases:

- Abortion (O00-O07 *Pregnancy with abortive outcome*)
- *Threatened abortion* (O20.0)
- *Premature rupture of membranes* (O42 <37 completed wks gestation)
- *Threatened premature labour* (O47.0 False labour <37 completed wks gestation)
- Early onset labour (O60 *Preterm delivery*)

10. Is there a code in ICD-10-AM for a laparoscopic procedure converted to an open procedure? We used diagnosis code V64.4 in ICD-9-CM?

Laparoscopic procedures converted to open procedures are reflected in the **procedure** coding in ICD-10-AM. In some cases, a combined procedure code can be used e.g. 35756-00 [1269] *Laparoscopically assisted vaginal hysterectomy proceeding to abdominal hysterectomy* or 30446-00 [965] *Laparoscopic cholecystectomy leading to open cholecystectomy*. If there is no combined procedure code then two codes can be used to reflect the closed and open components of the procedure.

e.g. Attempted endoscopic release of carpal tunnel, converted to open procedure would be coded to

- 39331-01 [76] *Release of carpal tunnel* and
- 39331-00 [76] *Endoscopic release of carpal tunnel.*

11. What are the codes for blood testing and venesection in ICD-10-AM?

Blood tests are considered to be routine in nature and are **not coded** in ICD-10-AM (please refer to ACS 0042 *Procedures not normally coded*). Venesections are only coded when being performed for the treatment of haemochromotosis (and like conditions). In these cases the code 13757-00 [725] *Therapeutic venesection* can be assigned.

Australian Coding Standards & Local Coding Decisions

Local coding decisions overriding the Australian Coding Standards must be taken with great caution so they do not affect or skew data collection locally, regionally, nationally and internationally. For example there is no benefit to coding the minor procedures listed in ACS 0042 and coding these may only result in additional work for the coders.

ACS 0042 – Procedures not normally coded states that "Where there is a specific need to code any of the listed procedures for research or other purposes, these codes may be assigned."

If your hospital decides to override any standard and to assign additional codes for research or other purposes please discuss the decision with the HIPE & NPRS Unit to ensure clarity, uniformity and maintain high data quality standards.

Irish Coding Standards will, over time, be developed to be used in conjunction with The Australian Standards.

0042 PROCEDURES NORMALLY NOT CODED

These procedures are normally not coded because they are usually routine in nature, performed for most patients and/or can occur multiple times during an episode. Most importantly, the resources used to perform these procedures are often reflected in the diagnosis or in an associated procedure. For example:

- x-ray and application of plaster is expected with a diagnosis of Colles' fracture
- intravenous antibiotics are expected with a diagnosis of septicaemia
- cardioplegia in cardiac surgery

That is, for a particular diagnosis or procedure there is a standard treatment which is unnecessary to code.

Note:

a. Where there is a specific need to code any of the listed procedures for research or other purposes, these codes may be assigned.

b. Note that some codes on this list may be required in certain standards elsewhere in this document. In such cases, the standard overrides this list and the stated code should therefore be assigned as described in the relevant standard.

c. These procedures should be coded if performed under anaesthesia (excluding local anaesthesia, see ACS 0031 *Anaesthesia*).

Buying new HIPE PCs

The default way of exporting data from the Windows HIPE system has been via a floppy disk. However when purchasing a new PC, the floppy disk drive is no longer part of a standard specification. To overcome this problem the new *Export Options* function has been added to the Windows HIPE system, details of which are shown below.

New Export Options

A new export option has been added with the release of Windows HIPE version 2.75. It is now possible to write the export directly onto the computer hard disk drive or to a CD drive. To access this option follow the steps below.

Step 1. There is no change to how the export function is accessed on your computer.

Click on *Special Function> Export>*, *National Export/Recreate>*

and the screen in Fig.1 will be displayed.

Click on the new *Export Options* tab, (A) and the screen in Fig. 2 will be displayed

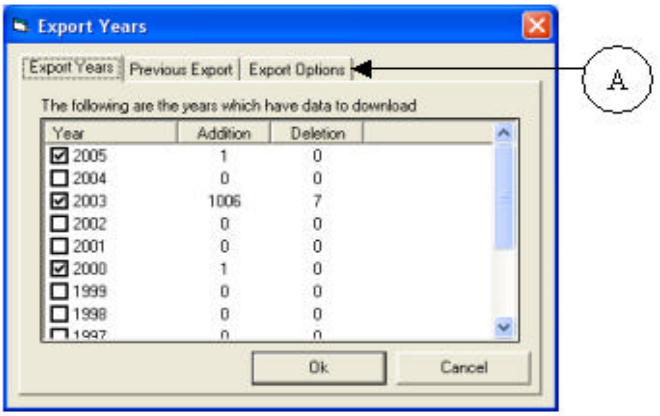


Fig. 1

Step 2. Click on *Write the report to a named file*, (B).

This activates the *Choose the name of the file* text box, which is labelled C.

In this example "C:\Wexport.zip" has been typed into the box.

Alternatively the Browse button, which is labelled D and can be used to choose a location on the PC.

Finally to create the export click on the *Ok* button (E).

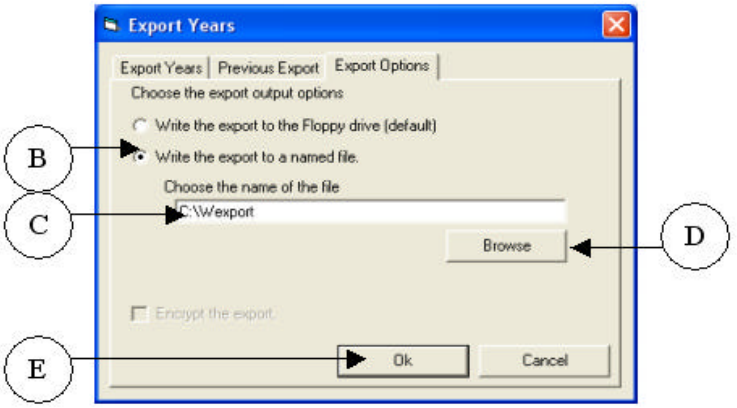


Fig.2

Exporting without a floppy disk drive

There are still a number of outstanding issues if you do not have a floppy disk drive. For example if the export is written directly to the Hard Disk, how is the data going to be sent to the ESRI?

A.Via email, in this case your IT department must agree that the data are to be sent by email and that these will not be blocked by any virus software.

B.Via CD or Zip disk, in this case the PC must a read writable CD drive or a zip drive.

eBook Support

At this point all HCCs and coders will have received a copy of the recent eBook errata. This should be installed as soon as possible. If you have not received a copy of the errata please contact Mark McKenna at 01-6307171.

All eBook users are advised that they should contact the HIPE & NPRS unit with all eBook technical support questions rather than the NCCH, irrespecitive of whether we sent you the license or you have bought it independently.

National Treatment Purchase Fund (NTPF)

Details of cases discharged from 01/01/2004 and funded by the National Treatment Purchase Fund must be recorded on Windows HIPE. For this *Waiting List* variable to be collected the *Admission Type* will be either

1 Elective or

2 Elective readmission.

In the example in fig 3 (below) the patient has an Admission Type of **1 Elective** (A). This activates the *Waiting List* field, which can be chosen as;

0 No or

1 NTPF (B).

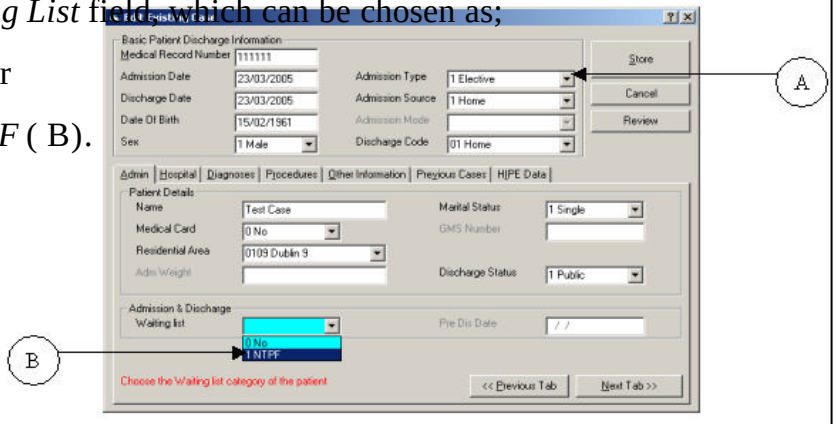
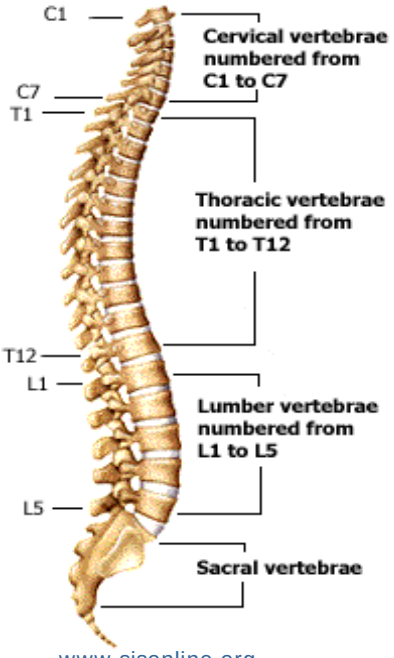


Fig.3

Spinal Fusions (Block [1389])



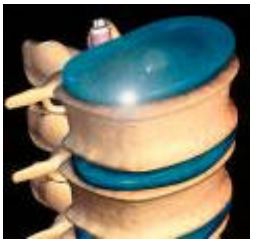
www.sisonline.org

The following are some definitions you may find useful when coding spinal fusions in ICD-10-AM.

Anatomy

Spinal (vertebral) column – is made up of a series of vertebrae which are split into the following levels: cervical (7 vertebrae), thoracic (12 vertebrae), lumbar (5 vertebrae) and sacral (5 vertebrae).

Intervertebral discs – (in blue) are the cushion of connective tissue found in between each vertebrae.



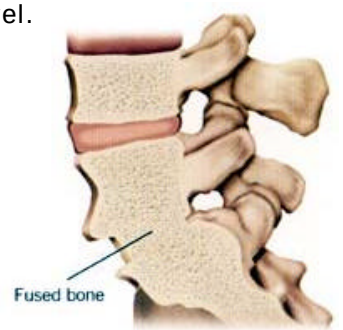
www.members.aol.com/wayneheim

Levels – certain spinal procedures require the specification of the level at which the procedure is being performed.

The level of the vertebra is the numbered vertebra, for example L4 is the 4th lumbar vertebra.
Intervertebral discs lie in between vertebrae, therefore documentation of 'L4/5' refers to the disc in between the L4 and L5, and represents one disc level.

Procedure

Spinal fusion – is a procedure involving stabilisation of the spine by fusing certain vertebrae together with bone grafts (see left) or metal rods so that motion no longer occurs between them. It is used in the treatment of degenerative disc disease, scoliosis and fractures. *Anterior spinal fusions* are performed via an incision in the abdomen (front) while *posterior / posterolateral spinal fusions* are performed via an incision in the back.



Spinal fusion levels – two vertebrae need to be fused together to stop the motion at one segment. Therefore a L4-L5 spinal fusion is a one-level spinal fusion. A L3-L5 spinal fusion is a two-level spinal fusion.

Sources: Coding Matters Vol.6 No.1 www.spine-health.com www.augustaortho.com

Example

A patient is admitted with severe lumbar scoliosis. A L4-L6 posterior spinal fusion is performed with bone graft under general anaesthetic (ASA 1).

Code assignment:

M41.96 Scoliosis, unspecified, lumbar region

48642-00 [1389] Posterior spinal fusion, 1 or 2 levels
92514-19 [1910] General anaesthesia, ASA 1

Please note the bone graft is included in the code for spinal fusion.

Upcoming Courses

ICD-10-AM (4th Ed) – Post Implementation Workshops

The ESRI are conducting nationwide post ICD-10-AM implementation coding workshops The general workshops will focus on topics including:

- Diabetes
- Anaesthetics
- Neoplasms
- General medicine

Workshop dates and locations are:

Date	Workshop	Location
Monday 25th April 2005	General	Mercy Hospital, **Cork**
Tuesday 26th April 2005	General	SMA building, Wilton, **Cork**
Thursday 28th April 2005	General	University College Hospital, **Galway**
Wedneday 4th May 2005	General	Midwestern Regional Hospital, **Limerick**
Thursday 5th May 2005	General	Midland Regional Hospital, **Tullamore**
Wednesday 11th May 2005	General	**ESRI, Dublin**
Friday 13th May 2005	General	**ESRI, Dublin**
Tuesday 24th May 2005	General	**Waterford** Regional Hospital
Monday 30th May 2005	General	Park Hotel, **Sligo**
Thursday 2nd June 2005	General	St. Bridget's Hospital, **Ardee**, Co. Louth
Thursday, 12th May 2005	Obstetric	**ESRI, Dublin**

If you wish to attend any of the workshops please complete the enclosed ICD-10-AM Coding Workshop application form and send it to:

Marie Glynn,Training Co-ordinator, HIPE & NPRS Unit, ESRI, 4 Burlington Rd, Dublin 4 or fax 01-6686231

Please return application forms as soon as possible.

- Once you have registered for a workshop you may submit topics for discussion at least two weeks in advance of the workshop you wish to attend.
- Participants will need to bring their own copies of ICD-10-AM 4th Edition in hard copy or the e-book on laptop to the workshops where possible.

Other Upcoming Courses

Basic Coding Course

A four day **ICD-10-AM Basic Coding Course** will be held in the ESRI:

Tuesday 17th May – Friday 20th May 2005

This course is intended for HIPE staff who are employed to work in the HIPE Department of an acute hospital, and who will code discharges using ICD-10-AM**.** If you have any candidates for this course please contact Marie Glynn at 01-6307183 or marie.glynn@esri.ie for application forms.

Intermediate Courses

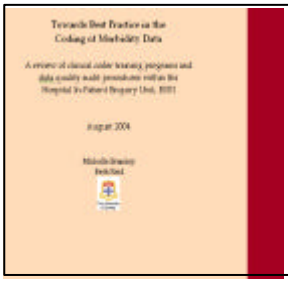
An **ICD-10-AM Intermediate course** will be arranged and candidates will be contacted closer to the time.

If you have any candidates who require an **ICD-9-CM Intermediate** course please contact Marie Glynn.

Announcing the end of Internal Export & NameTransfer Programs

The Internal Export and Nametransfer programs were originally provided to facilitate the use of HIPE Reports on the old DOS HIPE system while keying on Windows HIPE. This was always a temporary measure and with the development of the Windows HIPE Reporter it is no longer necessary to use the Internal Export or NameTransfer programs

2005 cases will not transfer correctly from Windows HIPE to DOS HIPE



The Bramley-Reid Report **Towards Best Practice in the Coding of Morbidity Data,** *A review of clinical coder training programs and data quality audit procedures within the Hospital In-Patient Enquiry Unit, ESRI* has been sent to all HCCs and HIPE Coding offices. Please contact the ESRI for additional copies if required.

Results of Christmas Crossword

Winner: Joan Ryan, Our Lady's Hospital Cashel

Congratulations Joan your prize is on the way!

Vacancies in HIPE&NPRS unit

Please see the ESRI website (www.esri.ie) for current vacancies within the HIPE&NPRS unit.

If you have any ideas for future topics for Coding Notes please let us know. Thanks and keep in touch. Deirdre Murphy, HIPE&NPRS Unit, ESRI, 4 Burlington Road, Dublin 4. Phone 01-6671525

e-mail: Deirdre.murphy@esri.ie.