

Coding Notes



HIPE & NPRS Unit
Health Research
& Information
Division

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Coding Standards - ACS & ICS

Coding Standards provide guidance on the assignment of clinical codes. These clinical coding standards have been written with the basic objective of satisfying sound coding convention according to ICD-10-AM and ACHI and are important tools for clinical coders. With the introduction of 6th Edition of ICD-10-AM some the Australian Coding Standards (ACS) have been amended and updated. Irish Coding Standards (ICS) have been produced to complement these and to provide clarification or additional information where necessary. These have also been updated for the 6th Edition of ICD-10-AM/ACHI.

It is important that coders are familiar with all of the standards, both Irish and Australian, and also the changes between the ACS and ICS in 4th edition and 6th Edition. Further information is available in the training materials supplied during the implementation training workshops in Phase 1 and Phase 2.

Irish Coding Standards (ICS)
Version 2.0



For use from 01.01.2009
6th Edition ICD-10-AM/ACHI/ACS

Irish Coding Standards (ICS) Version 2.0

Version 2 of the Irish Coding Standards (ICS-V2) for use with 6th edition of ICD-10-AM/ACHI has been issued to all hospitals and is also

available for download at www.esri.ie. There are 3 new standards, 6 revised standards and 4 standards have been deleted as they will not apply to the 6th Edition.

Existing Standards have been revised for 6th Edition, for example ICS 1404 Admission for kidney dialysis now uses the term kidney instead of renal as per 6th edition. Following review of 6th Edition changes some Irish Coding Standards have been reviewed, deleted or created. New standards include:

ICS 030X Blood tests/ collection of bloods for diagnostic purposes

ICS 040X Haemochromatosis & Venesection

2009 HIPE Instruction Manual

The 2009 HIPE Instruction Manual has been sent out to all HIPE hospitals. Additional copies are available by request.

The Instruction Manual can also be downloaded via the ESRI website:

www.esri.ie/health_information/find_it_fast/

H.I.P.E.

Hospital In-Patient
Enquiry

2009
INSTRUCTION
MANUAL

Australian Coding Standards (ACS) 6th Edition

The 6th Edition ACS contain some changes with standards amended and deleted. Changes affect:

ACS 0002 Additional diagnosis

ACS 0010 General abstraction guidelines

ACS 1011 Chronic bronchitis in children

ACS 1536 Fetal reduction

ACS 1904 Procedural complications

ACS 0503 Drug, alcohol and tobacco use disorders

ACS



Happy Easter!

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6th Edition Queries

Examples arising from discussions during the Phase 2 Implementation Workshops

Passive Smoking - Z58.7 *Exposure to tobacco smoke*

Clear documentation must be found in the medical record to assign code Z58.7 *Exposure to tobacco smoke*.



Example 1: 10 year old girl admitted for asthma. Both parents are smokers.

For this example **do not** assign the passive smoking code as there is no documented link that the asthma is caused by the parents' smoking.

Example 2: Male admitted for treatment of his lung cancer. He previously worked as a bartender in Spain, which has no smoking ban.

For this example **do not** assign the passive smoking code as there is no documented link that the lung cancer is due to the smoke environment that he had worked in.

Example 3: Female admitted for wheezing and shortness of breath, X-ray revealed coin lesions on the (L) lung. Her husband is a heavy smoker, who smokes cigarettes in the house. The clinician advised that her passive smoking has resulted in these symptoms and she is to be followed up by the Respiratory team.

For this example **assign** the passive smoking code *Z58.7 Exposure to tobacco smoke* as there is clear documentation of her condition and passive smoking.

Ventilatory Support—Transferred patients

Please see the 2 examples below which illustrate the coding of Ventilatory support in 6th Edition.

Example 1: Burns patient admitted to Hospital A, doctor decides to transfer patient to Hospital B for further treatment. Patient is intubated but not ventilated in Hospital A. Four hours later, ambulance arrives and patient is taken to Hospital B. Patient is admitted to Hospital B, and ventilation is started. Patient remained on ventilation for 52 hours.

Procedure Codes:

Hospital A: Assign **only** the intubation code, no ventilation code is assigned as it was not commenced.
22007-00 [568] Endotracheal intubation, single lumen.

Hospital B: Assign **only** the ventilation code as intubation is inherent in the code.
13882-01 [569] Management of continuous ventilatory support, > 24 and < 96 hours

Example 2: Toddler admitted to local county hospital (Hospital A) for worsening asthma, intubated and CVS is started. The toddler was not responding to treatment and the doctor decided to transfer the toddler to an acute care hospital in the city (Hospital B). The toddler is admitted to Hospital B, ICU and continues CVS for a further 25 hours.

Procedure Codes:

Hospital A: Assign **only** the ventilation code as intubation is inherent in the code.
13882-00 [569] Management of continuous ventilatory support, ≤ 24 hours

Hospital B: Assign **only** the ventilation code.
13882-01 [569] Management of continuous ventilatory support, > 24 and < 96 hours

Do you have a coding query? Please email your query to: hipecodingquery@esri.ie

Or log onto the ESRI website: www.esri.ie

6th Edition Queries

Diabetes Education intervention code

95550-14 [1916] *Allied health intervention, diabetes education*

Coding Guideline

If you can identify documented evidence in the medical record/chart that a diabetic patient has received **diabetes education** during their admission **you may assign** procedure code **95550-14** (*Allied health intervention, diabetes education*) according to ACS 0401 *Diabetes mellitus and impaired glucose regulation*.

The clinicians in Ireland that provide advice and care for diabetic patients **may not** be specifically called "diabetic educator" to describe the person who fills this role, as stated by the ACS 0401 *Diabetes mellitus and impaired glucose regulation*. Some of the terms used identified by coders during the workshops included:

- Diabetes nurse specialist
- Clinical specialist diabetes nurse
- Clinical diabetic nurse practitioner
- Diabetic nurse consultant

Take Note!



Irish Amendment to ACS 0002 *Additional Diagnoses*

Conditions noted in obstetric case **Example 3** (*ACS 0002 6th Edition*).

Conditions noted in obstetric cases

Some conditions are noted by the clinician or midwife in antenatal, delivery or postnatal episodes of care which should not be coded unless they meet the criteria in **ACS 0002**.

EXAMPLE 3:

Mother admitted in spontaneous labour and delivers normally. The clinician has noted that the patient had gestational diabetes during her pregnancy. During the episode of care the diabetes was not monitored and the patient had a normal diet. In this case, gestational diabetes is not coded.

Cross out this example

Coders are advised that **Example 3**, in ACS 0002 *Additional Diagnoses* is to not applicable in Ireland and to **cross out the example**. Coding guidelines in Ireland for capturing any diabetic condition is to assign codes for diabetes, including gestational diabetes, when it is documented in the medical record/chart.

ICD-10-AM/ACHI/ACS Errata

Please ensure that all errata has been completed in your hard copy coding books.

Each new version of the e-Book contains the errata and the current version is 6th Edition V1.2 (for all 2009 discharges).

It was identified during the workshops that some errata may have been missed, *see example*:

Errata 2, September 2008, ACS 0020 Bi-lateral / Multiple Procedures, Example 4 Please check your books that this has been correct amended.

P42& 43	5. <i>Skin or subcutaneous lesion removal</i> Assign the relevant code for excision of multiple lesions.
Revise	<p>EXAMPLE 43: Excision of two lesions from forearm. Code: 31205-00 [1620] <i>Excision of lesion(s) of skin and subcutaneous tissue of other sites</i></p> <p>EXAMPLE 54: Excision of lesions from eyelid (1) and nose (1) and neck (2). Code: 31230-00 [1620] <i>Excision of lesion(s) of skin and subcutaneous tissue of eyelid</i> 31230-01 [1620] <i>Excision of lesion(s) of skin and subcutaneous tissue of nose</i> 31230-02 [1620] <i>Excision of lesion(s) of skin and subcutaneous tissue of neck</i></p>

Teleconferencing

Virtual meetings make use of internet and teleconferencing tools and may be appropriate for some training sessions. We would like to know what options are available to coders. Please take a few minutes to answer the following questions:

In your office or in your hospital do you have the following facilities:

1. Internet access?
2. Computer with sound and a microphone (e.g. for Skype)?
3. Telephone with speakerphone option ?
4. Webcam?
5. email access?
6. The internet in a room with a speakerphone?



Please email your responses to HIPE@esri.ie by the end of April 2009 so we can put in place plans for teleconferencing and distance education courses.

6th Edition Implementation Workshops

Phase 2, Implementation Workshops have been successfully delivered to over 230 HIPE coders and HCC's at the start of the year. The ESRI would like to thank all participants for making these workshops so interesting and constructive. We were also delighted to welcome back Linda Best who helped present at four of the workshops. Linda has had significant input in the development of 6th Edition during her time at the National Centre for Classification of Health (NCCCH) and her expertise and clinical knowledge ensured an excellent delivery of coding guidelines which was very well received by all involved.



Cork Workshop 2009

The major 6th Edition changes are coding of Chronic Kidney Disease (CKD), Pharmacotherapy including vascular access devices (VAD) and continuous ambulatory drug devices (CADD), and Ventilatory Support. These topics prompted very positive discussions and coders agreed that these updates will make coding much easier within the hospital environment. Coding ventilation has always been a challenging area and comments from all the workshops on coding Continuous Ventilatory Support (CVS) and Noninvasive Ventilation (NIV) were positive and constructive.



Galway Workshop 2009

Thanks to all who completed evaluation forms. All your comments are very much appreciated and your ideas are considered when we plan future workshops and coding education events. We will endeavour to

run courses on the specialties requested. The most requested areas were Diabetes, Neoplasms and Obstetrics.



Dublin Workshop 2009

As always if you need any help with any aspect of 6th Edition or have any queries or questions please contact us at: hipecodingquery@esri.ie

Access to HIPE Data



National HIPE data are available from the Health Research and Information Division, ESRI. Data requests come from a variety of users, including hospitals, health professionals, researchers, universities, commercial companies, charities and journalists.

National HIPE data are available through

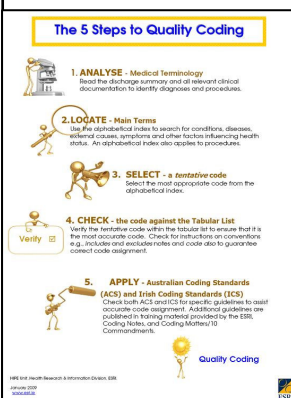
- Online data reporter www.esri.ie/health_information/hipe_data_reporter/,
- Annual Reports www.esri.ie/health_information/latest_hipe_nprs_reports/,
- Directly from the HIPE unit, all requests must be submitted using the HIPE Data Request Form, www.esri.ie/health_information/hipe/hipe_data/accessing_hipe_data/.

All requests must respect patient, doctor and hospital confidentiality.

Regional Data

Each local HSE Department of Public Health is provided with HIPE data on residents and hospital discharges within the relevant geographical area. This facility is intended to assist with planning and monitoring of the utilisation of hospital services by defined populations and within defined geographical areas. If you require data on residents from your area treated in another HSE Area please contact the relevant Public Health Department, the HIPE Unit has a list of the relevant contact people.

If you have any queries please contact the Data Analysis section of the Health Research and Information Division or email hipe_data_requests@esri.ie



5 Steps to Quality Coding

Clinical coders possess unique skills that enable them to accurately reflect the patient's medical and demographic details for each episode of care. The clinician is responsible for documenting a patient's health history, current disease status and any problems that affect their hospitalisation but it is the clinical coder who must translate the medical documentation into ICD-10-AM/ACHI codes that correctly reflect the episode of care.

Translating the source document e.g. medical chart accurately into clinical codes is a critical part of the HIPE coding process. In order to assign the correct code, coders must have a good understanding of the coding classification:

- ICD-10-AM/ACHI/ACS 4th Edition for all discharges up until 31.12.2008
- ICD-10-AM/ACHI/ACS 6th Edition for all discharges on or after 01.01.2009.

It is essential that coders understand and follow the 5 key coding guidelines.

The 5 Steps to Quality Coding

1. ANALYSE - Medical Terminology

Read the discharge summary and all relevant clinical documentation to identify diagnoses and procedures.

2. LOCATE - Main Terms

Use the alphabetical index to search for conditions, diseases, external causes, symptoms and other factors influencing health status. An alphabetical index also applies to procedures.

3. SELECT - a tentative code

Select the most appropriate code from the alphabetical index.

4. CHECK - the code against the Tabular list

Verify the tentative code within the tabular list to ensure that it is the most accurate code. Check for instructions on conventions

5. APPLY - Australian Coding Standards (ACS) and Irish Coding Standards (ICS)

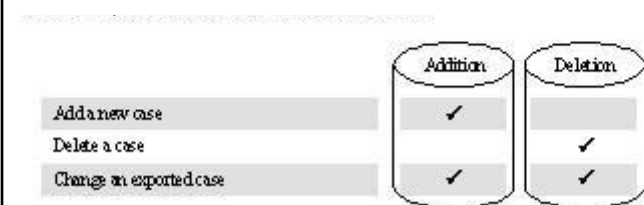
Check both the ACS and ICS for specific guidelines to assist accurate code assignment. Additional guidelines are published in training materials provided by the ESRI, Coding Notes, and Coding Mat- ters/10 Commandments.

HIPE Export Masterclass

What is a HIPE Export?

A HIPE export describes the procedure used to send HIPE information from the hospital to the central HIPE databases. It is also used to describe the information file containing the export. Export files are created monthly by each HIPE hospital and sent to the ESRI electronically. The export contains all cases added or changed since the previous export.

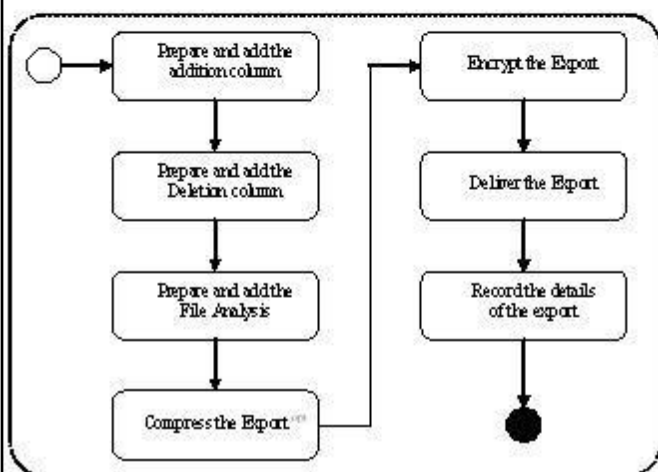
Exports consist of two columns of data: the addition column and the deletion column. When a new case is exported from the hospital, it is added to the addition column. When an exported case is removed in the hospital, it is added to the deletion column. If an exported case is changed, it is added to both the addition and the deletion column. This latter operation is referred to as a reset. When this information is added/removed from the national file, the deletions are removed first, and then the additions are added.



Creating an Export

When an export is started, the software will begin by checking the database to see if there are any cases to export. The software will not allow you to export more than once a day.

The steps of the export are:



The Export Screens

The first screen shows the numbers of added and removed cases for the hospital as shown in **Fig 1**. The addition column shows the number of cases waiting to be added to the national file. The deletion column shows the number of cases waiting to be removed from the national file. To choose a year to export, the user places a tick in the tickbox. To remove a year from the export, the user removes the tick from the tickbox. The

system will automatically tick all years for which there are any additions or deletions but will only allow you to export "live" years.

Figure 1

The 'Export Years' dialog box shows a list of years from 1997 to 2009. The years 2009, 2008, and 2007 are selected with checkboxes. The 'Addition' and 'Deletion' columns show the number of cases for each year.

Year	Addition	Deletion
2009	14	5
2008	6	4
2007	1	1
2006	0	0
2005	0	0
2004	0	0
2003	0	0
2002	0	0
2001	0	0
2000	0	0
1999	0	0
1998	0	0
1997	0	0

The second screen (below) is the previous exports screen shown in **Fig 2**. This screen shows all the exports sent by your hospital to the national file and is used to re-create an earlier export. The screen shows the date of the export and the number of additions/deletions sent in total to the national file. A batch number used to identify the export is also shown. To re-create an export, the user must highlight the export in the list.

Figure 2

The 'Previous Export' dialog box shows a list of previous exports. The columns are Date, Addition, Deletion, and Batch. The first row is highlighted.

Date	Addition	Deletion	Batch
18/02/2008 15:38	3529	131	83
24/03/2008 15:52	14	36	84
02/05/2008 09:47	1952	86	85
18/05/2008 13:49	1077	14	86
02/06/2008 09:09	1459	2	87
03/07/2008 16:00	4608	10	88
14/08/2008 11:27	979	8	89
01/09/2008 08:09	1	1	91
13/09/2008 08:46	219	3	90
03/11/2008 16:12	3	1	92
29/11/2008 09:23	1	0	94
23/12/2008 08:31	8	0	93
08/02/2009 08:50	9	28	95

The final screen (below) is the export options screen shown in **Fig 3**. This screen is used to set the options for the creation of the export.

Figure 3

The 'Export Options' dialog box shows options for the export destination, file name, and encryption. The 'Write the export to a named location' option is selected. The file name is 'C:\Documents and Settings\mccathy\My Documents\'. The 'Do Not Compress (and tar) the Export' option is selected. The 'Encryption options' section shows 'Encrypt the export' and 'Rot128 the export' buttons.

Export Masterclass



There are three sets of options controlling the creation of the export, *see table below*.

Options	Details
Destination	<p>There is a choice of four methods for sending the export.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Floppy Drive (A: Drive) This method uses the floppy drive (A: Drive) to create the export. The disk in the floppy drive must be sent to ESRI. <input type="checkbox"/> Email This method uses the email system to send the export directly to the ESRI. The email address used is export@esri.ie. <input type="checkbox"/> Website This method uses the export website to automatically deliver the export. The user must enter the location of the export in the browser window and click submit. The export will be sent to the HIPE Export server. <input type="checkbox"/> Other Location This method allows the user to create the export file in some location on the hard disk. The location is specified by clicking on the "... " button. The user can then deliver the file themselves (as an attachment).
Compression	This option is available to stop the compress step. The compression step is used to reduce the overall size of the export file.
Encryption	All exports must be encrypted. There are two options for encryption. The ESRI recommends using the first option entitled "Encrypt the export".

Deadline for 2008 discharges

As per the email from the Casemix/HIPE Unit, HSE on 27th February, please note that the Casemix deadline for **all 2008 discharges** is the end of April 2009.

Please ensure that your hospital's 2008 coverage levels are complete by this time, and that the export is submitted to the ESRI on or before the 30th April 2009.

Christmas Quiz Winner

Congratulations to Mary Murphy of Letterkenny General Hospital

The Quiz Answers are:

- | | |
|--|---|
| 1) How many bones make up the human spine? | 53 / 33 / 43 |
| 2) Plasma is not a component of blood. | True or False |
| 3) Epilepsy affects which part of the body? | Legs / Brain / Nerves |
| 4) What is the name of the acid secreted by the stomach? | Antacid / Gastric acid / Hydrochloric acid |
| 5) Ileum is the large flat part of the pelvic bone. | True or False |
| 6) Are bones involved in the production of blood cells? | Yes or No |
| 7) Skin is the largest organ. | True or False |
| 8) How many muscles are there in the human ear? | 3 / 4 / 6 |
| 9) Your thumb is the same size as your nose? | True or False |
| 10) What name is the humerus bone also known as? | Funny bone / Laughing bone / Smiley bone |



Your prize is on the way!

Upcoming Courses



INTERMEDIATE

3 Day Course

Dates: 21st, 22nd and 23rd April 2009 Venue: ESRI

MODULE 1 - Basic Course

2 Day Course

(Including Anatomy & Physiology)

Dates: 12th and 13th May 2009 Venue: ESRI

MODULE 2 - Basic Course (by invitation on completion of Module 1) 3 Day Course

Dates: 16th, 17th and 18th June 2009 Venue: ESRI

ANATOMY & PHYSIOLOGY

Basic Anatomy and Physiology

Date: 13th May 2009 - 2 hour lecture with expert speaker incorporated into Basic Course

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Neoplasms Coding workshop with expert Anatomy & Physiology speaker

Date: 26th May from 10am – 1pm

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Ear, Nose & Throat Coding workshop with expert Anatomy & Physiology speaker

Date: 26th May from 2pm – 5pm

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Digestive system Coding workshop with expert Anatomy & Physiology speaker

Date: 27th May from 10am – 1pm

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Musculoskeletal system Coding workshop with expert Anatomy & Physiology speaker

Dates: 27th May from 2pm – 5pm

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2



Windows HIPE Reporter Training Tuesday 19th May

Contact Mark.McKenna@esri.ie / Phone: 01-8632070 to reserve a place.

What would you like to see in Coding Notes?

If you have any ideas for future topics please let us know. Thanks and keep in touch.

Health Research & Information Division, ESRI, Sir John Rogerson's Quay, Whitaker Square, Dublin 2.

See the Find It Fast section of the ESRI website for access to useful information

www.esri.ie/health_information/find_it_fast/

