

# Coding Notes



HIPE & NPRS Unit

Health Research &  
Information  
Division

Number 48  
April 2010

## Online applications for HIPE Training

[www.esri.ie/health\\_information/hipe/clinical\\_coding/training/](http://www.esri.ie/health_information/hipe/clinical_coding/training/)



HIPE hospital staff attending training may now apply online for HIPE courses via the ESRI website:

[www.esri.ie/health\\_information/hipe/clinical\\_coding/training/](http://www.esri.ie/health_information/hipe/clinical_coding/training/)

All HIPE training provided by the Health Research & Information Division, ESRI, is open to applicants nominated by their hospital to participate in the training.

ESRI THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE

Research Publications Irish Economy Health Information Children's Longitudinal Survey

Home > Health Information > HIPE > Clinical Coding > Training > Courses

Please enter the following details to complete your application for this course. Then click "Submit".

Course Name:	Coding Skills 3	Your Name:	<input type="text"/>
Start Date:	24/08/2010	Hospital / Organisation:	<input type="text"/>
End Date:	26/08/2010	Telephone Number:	<input type="text"/>
Location:	ESRI	Email Address:	<input type="text"/>
Duration:	3 days	Nominated By:	<input type="text"/>
Day 1:	10:00 a.m. - 5:00 p.m.	Position:	<input type="text"/>
Day 2:	10:00 a.m. - 5:00 p.m.	Telephone Number:	<input type="text"/>
Day 3:	10:00 a.m. - 4:30 p.m.	Email Address:	<input type="text"/>

Online applications are welcome for the following:

- Introduction to HIPE
- Coding Skill I
- Coding Skills II
- Coding Skills III
- Coding Skills IV (Coding Workshops)
- Anatomy & Physiology Workshops

Under each course description on this page you can access a link that will enable you to complete an online application for the associated HIPE training course. Once you have submitted the online application you will receive an automated email that will confirm that your application has been submitted successfully. You will receive an *additional email* prior to the course confirming your registration and outlining further details about the course and course venue. Please note that there are workshops and courses scheduled where topics have yet to be confirmed. Once the topics of these workshops and courses have been confirmed you will be able to apply online to participate.

All training queries can now be sent to the new email address:

[hipetraining@esri.ie](mailto:hipetraining@esri.ie)

## Don't miss out....on email updates

Email is an effective way for us to reach the entire HIPE community with updates on events, training, documentation and software.

If you, or any of the coders in your HIPE department, do not receive regular email updates please submit a current email address to [rachel.joyce@esri.ie](mailto:rachel.joyce@esri.ie) and we will add you to our distribution list.

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# ‘Towards Best Practice in the Coding of Morbidity Data’ The Bramley Reid Report

The Bramley Reid Report was commissioned by the Health Research and Information Division at the ESRI in 2004 to review the HIPE Unit activities around coder training, data quality and audit. We thought it was now timely to review progress towards the achievement of the recom-

mendations presented in this report.

The recommendations were aimed at building on the already strong practices within the HIPE Unit and followed in-depth review and consultations with those involved in HIPE in hospitals, at the ESRI and in the Department of Health and Children. An evaluation process was conducted on the coder training process, data quality and audit practice. The ESRI constantly work on developing all aspects of the HIPE system and through this work many of the recommendations of Bramley Reid have been implemented.

## Coder Training and Education (*Recommendations 1-12, 16-18*):

The ESRI continues to develop coder training and education:

- *Courses are broken down into a series of modules which aim to build on coder knowledge and experience.*
- *The structure of training delivery has been developed to include anatomy and physiology education.*
- *Training material continues to be developed and expanded and now includes training workbooks and relevant case-study style exercises.*
- *Specialty workshops, with clinical speakers are regularly held and help to greatly expand coders’ clinical knowledge.*
- *A number of Casemix education events have been held by the ESRI.*
- *The area of Coder Accreditation is currently being explored.*
- *Comprehensive education was provided for the move to ICD-10-AM 4<sup>th</sup> & 6<sup>th</sup> Edition.*
- *Online education has recently been introduced to improve the accessibility of education opportunities.*
- *A ‘Starter Pack’ is sent to all new coders and enables the education process to start through coder mentoring.*

## Coding Guidelines and Queries (*Recommendations 19 – 22*)

- *The National Coding and Advisory Committee meet twice yearly to discuss coding and data issues.*
- *The Clinical and Coding Group meet on a monthly basis and coding queries needing a clinical input are discussed.*

- *Irish Coding Standards are constantly being reviewed and developed in order to be in line with best coding practice.*
- *An increased amount of coding queries are now published in Coding Notes and are presented in training courses.*

## Recruitment and Retention of Coders (*Recommendations 13 – 15*):

- *The ESRI provide a monthly report to the HSE on coding staff turnover.*
- *The Coder accreditation project is exploring the possibility of education opportunities.*
- *Issues regarding recruitment and retention of coders & HCCs remain to be addressed by employer organisations, including the HSE.*

## Data Quality Framework (*Recommendations 23 – 30*)

- *Targeted data quality initiatives have been developed by the ESRI.*
- *The area of benchmarking is currently being explored with particular attention being paid to audit results and to data quality indicators.*
- *The HIPE Coding Audit Toolkit (HCAT) was developed by the HIPE Unit and is currently available to all hospitals to facilitate data audit at a local level.*
- *Targeted audits are regularly performed by the ESRI using the HCAT software.*
- *A suite of discrepancy reason codes have been developed for use with HCAT, which enables reporting of not only where, but why coding errors occur.*
- *A number of audit seminars and data quality education events have been held by the ESRI.*

### 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

August 2004

Michelle Bramley  
Belle Reid  
The ESRI

## Sharing the Workload (*Recommendations 31 – 34*)

- *Information was provided to HCCs and stakeholders about the move to ICD-10-AM 4<sup>th</sup> & 6<sup>th</sup> Editions and ARDRG Version 6.*
- *Hospital IT increasingly support the work of HIPE nationally and locally.*

# The Future of Clinical Coder Education in Ireland

## 2010 Coder Education Survey

Have you 15 minutes to give towards the future of Coder Education in Ireland?

[www.hipe.ie/survey](http://www.hipe.ie/survey)



With the uses of HIPE data increasing and the profile of the work of HIPE rising both at hospital and national level it is now a good time to review clinical coder education.

Currently this education is not accredited and provides no recognised certification. Certified training would formally acknowledge coders' skills and expertise as well as provide those who produce and use these data with a proven quality benchmark.

The ESRI currently provides a training programme free of charge to those currently working in HIPE in Ireland. This programme consists of a series of courses and workshops and are advertised both in the annual training calendar and in Coding Notes.

We want to investigate options to provide a certified accredited training programme for all involved in HIPE.

The initial phase of the project is a questionnaire for all coders, HCCs and Coding managers currently working in HIPE in Ireland to complete on line. The aim of this survey is to explore views on coding education and the possible introduction of certification examinations. On the questionnaire, any identifying details will not be used for any purpose, nor will any individual be identified in the analysis or reports on the results or otherwise. There is an option to provide contact details for participation in focus groups.

The purpose of this survey is to explore interest in such a project as any advancement in clinical coder education would possibly involve an extended training cycle with testing or examination. We would welcome as much input as possible from coders, HCCs and coding managers so that this project can advance with full understanding and support of HIPE personnel.

[www.hipe.ie/survey](http://www.hipe.ie/survey)

We appreciate your taking the time to complete the on-line questionnaire which is for all those currently working in HIPE in Ireland as coders, HCCs and coding managers. This will take no longer than 15 minutes to complete. At the end of the questionnaire, there is an opportunity for respondents to volunteer for focus groups which will be organised depending on interest and will further inform this important project. Please respond to this questionnaire by **Friday 30th April 2010**.

Many thanks, Deirdre Murphy.

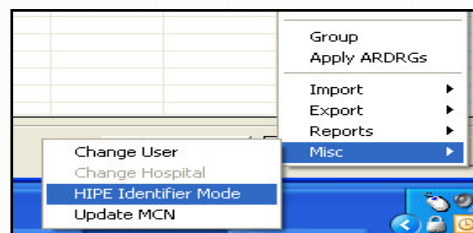
Further information is available at <http://www.hipe.ie/survey/intro.aspx> or Contact: [Deirdre.Murphy@esri.ie](mailto:Deirdre.Murphy@esri.ie)

# HIPE Identifier Feature for Data Quality Queries

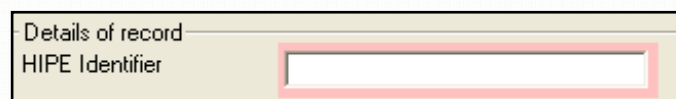
Data security and confidentiality are topical issues and we are all reminded that data security is everyone's responsibility. Data security is a central component of all work in the ESRI and in the light of this we have implemented safeguards to ensure that all HIPE data is received and distributed in a secure way. A new security initiative is the HIPE identifier feature, recently added to Windows HIPE, to obscure a patient's identity by encrypting the MRN, hospital number and discharge date details in query reports sent from the ESRI to hospital.

**In future, data quality queries from the ESRI will use a HIPE identifier in place of the MRN, hospital number and discharge date. The HIPE identifier consists of a 10 character code.**

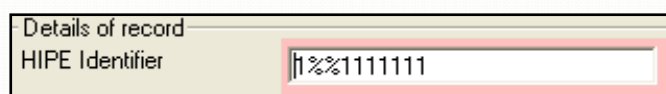
To use the new HIPE identifier, Windows HIPE must be put into HIPE identifier mode. This is done by clicking on *Special Function* and then clicking on *HIPE Identifier Mode* as illustrated opposite.



This will change the MRN box at the top of the data entry screen by adding a red border around it while changing the text to "HIPE Identifier":

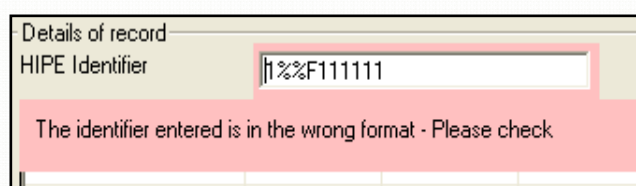


It will then be possible to enter in the 10-character HIPE identifier code received from the ESRI to choose the episode which is the subject of the query.

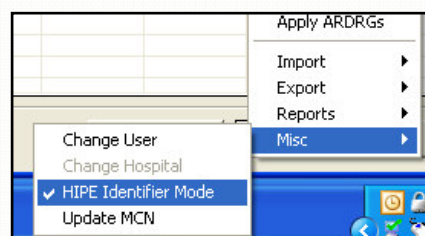


Entering the code will automatically find the list of cases for the patient and will choose the correct case based on the discharge date. Once chosen press return to open the episode in full.

If there is a problem with the HIPE identifier code a warning message will be shown (see image opposite). Please note the HIPE identifier code is case sensitive and does use the upper-case "i" or "o" letters.



To deactivate the HIPE identifier feature and return to the normal MRN box, click on *Special Function*. There will be a checkmark next to *HIPE identifier mode*, so click on this to deactivate it.



**Any Questions??**

Please contact the IT department at: [hipeit@esri.ie](mailto:hipeit@esri.ie)



# Cracking the Code

A selection of ICD-10-AM 6th Edition Queries

## What code is assigned for micro-suction of the ear?

Micro suction involves inspection of the ear with a microscope and the removal of wax & debris with gentle vacuum & other instruments e.g. forceps. Assign [308] 41647-00/41647-01 *Ear Toilet*, depending on whether it was unilateral/bilateral.

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## What code should be assigned for a diagnosis of empty sella syndrome?

The pituitary gland is partially surrounded by a bony structure called the sella turcica. Normally, it is visible during a CT scan or MRI. In empty sella syndrome, the pituitary gland is not visible - either because it has become flattened or has shrunk.

We suggest assigning E23.6 *Other disorders of pituitary gland* for a diagnosis of empty sella syndrome.

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## What diagnosis code should be assigned for BRCA 2 mutation carrier? The patient was admitted for prophylactic bilateral salpingo-oophorectomy. Her mother and sister have had breast cancer.

For the principal diagnosis, assign Z40.08 *Prophylactic surgery for risk factors related to malignant neoplasm, other*. Also assign R79.8 *Other specified abnormal findings for blood chemistry* to indicate the identification of the BRCA 2 gene. Also assign Z80.3 *Family history of malignant neoplasm of breast*.

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## A patient was admitted as a day case for an IV infusion of Remicade, what should this be coded to?

Remicade is also known as Infliximab, it is normally used in the treatment of Crohn's disease. The correct procedure code to assign for this daycase is [1920] 96199-09 *Intravenous administration of pharmacological agent, other and unspecified pharmacological agent*.

## Can you give me a diagnosis code for a hair tourniquet syndrome of the toe and a procedure code for the release of the same?

Hair tourniquet syndrome involves circumferential strangulation of an appendage (usually a finger or toe) by a human hair or fibre and usually affects infants under the age of two.

Assign the following diagnosis codes:

S90.84 *Superficial foreign body (splinter) of ankle and foot*

W49 *Exposure to other and unspecified inanimate mechanical forces*

Also assign appropriate place of occurrence and activity codes.

Procedure Codes:

[1603] 30061-00 *Removal of foreign body from skin and subcutaneous tissue without incision*

Or

[1605] 30064-00 *Removal of foreign body from skin and subcutaneous tissue with incision*

depending on whether or not an there was an incision.

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## When a patient is admitted as a day case for radiotherapy for motor neuron disease, what code should be used as the principal diagnosis as the treatment is not for a malignancy – should we use G12.2 Motor neuron disease or Z51.0 Radiotherapy session?

When a patient is receiving radiotherapy as a day case for a non malignant condition, the condition should be entered as the principal diagnosis. In the case above, G12.2 *Motor neuron disease* will be the PDx and the procedure code will record that radiotherapy was administered. The reasoning behind this is that if Z51.0 is used, the case will be grouped as a neoplasm.

**Do you have a coding query? Please email your query to:**

**[hipecodingquery@esri.ie](mailto:hipecodingquery@esri.ie)**

To answer your query accurately we need as much information as possible so please use the Coding Help Sheet as a guide to the amount of detail required.

# Venous Catheters ,Vascular access devices and....

ICD-10-AM/ACHI/ACS classifies venous devices according to whether or not they contain a subcutaneous reservoir.

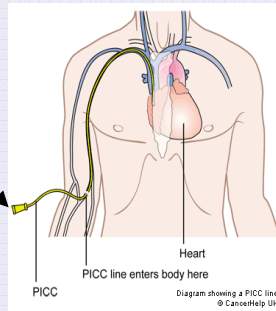
## Venous Catheters

Also known as 'central venous catheters' (CVC), 'central lines' or 'long lines'.

Venous catheters are defined in ACHI as vascular/venous catheters that **do not have a subcutaneous reservoir**, instead these catheters will have a single lumen or multiple lumens on the end of them. This lumen (like a plastic cap) is usually accessed by a needle or syringe to administer the IV substance or to withdraw blood or other fluid samples.

Types of venous catheters include PICC lines and Hickman's catheters.

Lumen



### Classification:

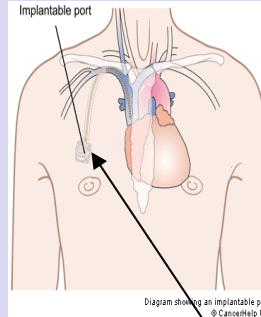
Where patients are admitted for adjustment, management, fitting or removal of vascular/venous catheters (without reservoirs), assign:

**Z45.8** *Adjustment and management of other implanted devices*

ACHI codes for insertion and removal of vascular/venous catheters (Hickman's, PICCs and CVCs) are in block **[738]** *Venous catheterisation*.

## Vascular Access Devices (VADs)

A vascular access device is defined as an implanted venous catheter **with a reservoir attached**. The subcutaneous reservoir is designed to accept multiple punctures from special types of needles (e.g. Huber needle). A vascular access device may be accessed to infuse substances or to withdraw fluid.



Subcutaneous Reservoir

A common type of vascular access device is a Port-a-Cath.

### Classification:

Where patients are admitted for adjustment, management, fitting or removal of a vascular access device, assign:

**Z45.2** *Adjustment and management of vascular access device*

### Useful Resource....

Please refer to the CMC article on VAD's, VC's and DDD's: CMC Volume 15, Number 1 in your eBook, where there are definitions, classification guidelines and several examples to assist code assignment for these devices.

### Example 1:

Patient recently completed chemotherapy and is now admitted as a same-day admission for removal of their Port-A-Cath under GA (ASA 2). The procedure went well and the patient was discharged.

#### Codes:

**Z45.2** Adjustment and management of vascular access device  
**34530-05 [766]** Removal of vascular access device  
**92514-29 [1910]** GA, ASA 2, nonemergency

### Example 2:

Patient admitted to the Day Only ward for insertion of a Hickman's catheter. Procedure performed without incident under sedation (ASA 1).

#### Codes:

**Z45.8** Adjustment and management of other implanted device  
**13815-01 [738]** Percutaneous central vein catheterisation  
**92515-19 [1910]** Sedation, ASA 1, nonemergency

**There are 'code also when performed' notes in the Tabular listing to assist with code assignment for these devices.**

## .....Drug Delivery Devices

### Drug Delivery Devices

A drug delivery device is a piece of equipment used to administer pharmacological substances. This device can be attached to:

- a vascular access device (ambulatory, external infusion pump)
- a vascular/venous catheter (external drug delivery device)
- non vascular catheter (e.g. insulin pump, spinal infusion device)

#### Classification:

Where patients are admitted for the adjustment, management, fitting or removal of a drug delivery device, assign: **Z45.1 Adjustment and management of drug delivery device**. The exception is when the admission is for the loading of drug delivery device for same-day admission of chemotherapy to treat a neoplasm. In these cases assign **Z51.1 Pharmacotherapy session for neoplasm** (see ACS 0044 *Chemotherapy*).

ACHI codes for **loading** and **maintenance** of drug delivery devices:

**96209-xx [1920]** Loading of drug delivery device

**13942-02 [1922]** Maintenance (alone) of drug delivery device

In ACHI there are also specific procedure codes for insertion, replacement or removal of an **implantable spinal infusion device or pump** as these are inserted into the body:

**39127-00 [39]** Insertion of implantable spinal infusion device or pump

**39126-00 [56]** Revision of implantable spinal infusion device or pump

**39133-02 [40]** Removal of implantable spinal infusion device or pump

**Note:** External drug delivery devices are not inserted into the body, they are attached to VAD's or venous or other catheters. Procedure codes should only be assigned for *loading* or *maintenance* of the device, as appropriate.

#### Example 3:

Same-day admission for chemotherapy for the treatment of ovarian cancer via an external drug delivery device (CADD pump). The CADD pump was set for 7 days at a dose of 200mg per 24 hours and attached to the patient's Port-A-Cath (which had been inserted on a previous admission).

#### Codes:

Z51.1 Pharmacotherapy session for neoplasm  
C56 Malignant neoplasm of ovary

96209-00 [1920] Loading of drug delivery device, antineoplastic agent

**And the winner is...**

Congratulations so to **Patricia Reardon** from Wexford General Hospital, who is the winner of our Christmas Quiz. Your prize is on the way!



The answer to the quiz was **10,348,041 HIPE discharges in the last ten years.**

## Casemix Seminar



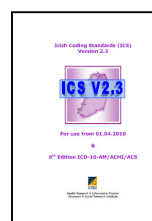
Members of the HIPE Unit at the Casemix Seminar on 24th March 2010.

This years Casemix Seminar was held on 24<sup>th</sup> & 25<sup>th</sup> March at the Mater Hospital, Eccles Street, Dublin. The theme of the Seminar was 'Casemix now and into the future'.

The ESRI presented on 'Developments in HIPE' following the theme of progress covering the areas of the development of the HIPE Portal, and increases in use and access to

HIPE data. There were also presentations at the seminar ranging from 'Casemix for Beginners' to 'Prospective Funding'. It was a great opportunity to meet with colleagues and learn about current and future activities in HIPE and Casemix.

### Irish Coding Standards V2.3



The new version of ICS is now available to download from the 'Find It Fast' section of our website:  
[www.esri.ie/health\\_information/](http://www.esri.ie/health_information/)

# Closure of 2009 HIPE File

The end of **June 2010** will be the HIPE deadline for all of 2009 discharges.

Hospitals will no longer be able to submit 2009 data or resets after the 30<sup>th</sup> June 2010.



## Remember!



### Download

- Has all of your hospitals 2009 activity been downloaded to W-HIPE?
- Is the 2009 download comparable to previous years?
- If there has been any significant decrease or increase in activity or *type* of activity, can this be accounted for?



### Exports

- Have all exports containing 2009 cases been submitted to the ESRI?
- Do you envision that there will be any difficulties submitting or completing your hospitals 2009 data? If so, please contact the ESRI.



### Data Quality Checks

- Have all 2009 data quality checks issued by the ESRI been completed and returned?
- Have internal data quality checks been completed and verified at your hospital?
- It will not be possible for the ESRI to process any checks or queries on 2009 cases after the 30<sup>th</sup> June.



### Queries

- Have your coding queries on 2009 cases been answered?
- The ESRI will prioritise any queries that you have on 2009 cases ahead of the file closure in June.

## Upcoming Courses

### Introduction to HIPE

**Date:** Tues 27th & Wed 28th April  
(two 2 hour sessions)

**Venue:** This course will be held using a **teleconferencing facility**, participants do not have to travel to the ESRI

### Introduction to Anatomy & Physiology

**Date:** Tues 11th May (1/2 day am)  
**Venue:** ESRI

### Coding Skills I (Previously Basic Module 1)

**Date:** Tues 11th & Wed 12th May  
**Venue:** ESRI

### Coding Skills II (Previously Basic Module 2)

**Date:** Tues 15th - Thurs 17th June  
**Venue:** ESRI

### Coding Skills III (Previously Intermediate)

**Date:** Tues 24th–Thurs 26th August  
**Venue:** ESRI



**Why not apply on-line!**

### 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.

HIPE@ESRI.ie

See the Find It Fast section of the ESRI website for access to useful information [www.esri.ie/health\\_information/find\\_it\\_fast/](http://www.esri.ie/health_information/find_it_fast/)