

National Casemix Seminar 2011

Evolving Role of Casemix Funding in Ireland

The Casemix seminar for 2011 was held in the HSE/RCSI educational facility, Waterford Regional Hospital on Tuesday 29th & Wednesday 30th March. The theme of the seminar was the '*Evolving Role of Casemix Funding in Ireland*'. The seminar was officially opened by Patricia Sullivan, the General Manager of Waterford Regional Hospital, who kindly hosted the event.

Right:

Mairead Carmody, Specialty Costings, Kerry General Hospital; Janice McHugh, HCC, Kerry General Hospital and Josephine Spring, HCC, Cork University Hospital.



Left:

Ann Murphy, HCC, Waterford Regional Hospital; Lillian Medley, Access & Performance Manager, South Tipperary General Hospital; Siobhan Delahunty, Finance Manager, STGH and Maura Downey, HIPE Coder, St. Luke's Hospital,



Brian Donovan, the Head of the National Casemix Programme, HSE, presented a review of the year, while his colleagues from the National Casemix Programme presented on the impact of the new DRG grouper and the important role of audit.

Mr. Liam Woods, Director of Finance, HSE gave a talk on *Resource Allocation*. Two presentations were also given on *Patient Level Costing*, one at a national level and one from a hospital point of view. Presentations on the clinical use of HIPE data were also given. Dr. M. Colreavy from Children's University Hospital, Temple Street presented on the *Clinical Use of HIPE Data - Paediatric Perspective*. Dr. K. Mealy, from Waterford Regional Hospital gave a talk on *Clinical Use of HIPE Data - Implications for the National Office for Clinical Audit in Surgery*. While Mr. D. P. McCartan from Beaumont Hospital presented on *Trends & Attitudes to La-*

proscopic Appendectomy in Ireland.

A half day of the programme was devoted to a *Specialty Costings Workshop*, given by the National Casemix Programme. The afternoon assigned to the *HIPE Coding Workshop* covered a number of topics including *Evidence for the Expert Group on Resource Allocation and Financing in the Health Service*; *The use of HIPE by HSE Clinical Teams*; *Measurement of public/private ratio for consultant workload for the 2008 contract*; *Lessons learned from Data Quality and Audit Assessments* and *Coding Issues from a Resource Allocation Perspective*.

A common theme running through the presentations on both days was the ever expanding profile of HIPE and the increasing importance of HIPE data in development and planning for the health service in such areas as resource allocation, health policy, service utilisation and clinical audit. In particular the quality of HIPE data is a central issue for many of these initiatives.

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Training

You can now register online for scheduled HIPE courses at
http://www.esri.ie/health_information/clinical_coding/training/



The HIPE training calendar for 2011 has been distributed and is also available at our website.

When you register for a training session delivered by Webex we will contact you about the number of PC connections you require and the number of HIPE staff joining the session.

Telephone Connections



Recently some hospitals have had changes in their local telephone settings, resulting in difficulty connecting to our training courses via telephone.

We suggest testing your telephone connection before joining a Webex session, please contact us to arrange this. If you have any trouble connecting or if you hear an engaged tone please let us know.

Allergic Reactions and Food Challenge Tests

An allergic reaction is a state of hypersensitivity induced by exposure to a particular allergen resulting in a harmful reaction (Dorland's, 1988). Testing for allergies can be done in two main ways; food challenge and skin patch testing.

A food challenge involves the doctor giving the patient individual doses of foods which are suspected of starting an allergic reaction. Initially, the dose of food is very small, but the amount is gradually increased during the challenge. The doctor observes the patient for an allergic reaction which would indicate an allergy to the food eaten (National Institute of Allergy and Infectious Diseases, 2010).



CMC Volume 16 Number 2 provides coding guidance - 'Patients who are admitted for a food challenge due to a personal history of allergy (where challenge demonstrates the allergy is no longer present) should be assigned a code from category Z03 *Medical observation and evaluation of suspected diseases and conditions* with an additional code Z88.8 *Personal history of allergy to other drugs, medicaments and biological substances*'. This information can be found at Z03 - see note at this code in the eBook.

Example 1:

A patient is admitted as a day case for food challenge with eggs due to an allergic reaction in the past. No reaction is noted on this episode.

Assign:

Z03.6 *Observation for suspected toxic effect from ingested substance*

Z88.8 *Personal history of allergy to other drugs, medicaments and biological substances*

Example 2:

A patient is admitted as a day case for a food challenge, the patient does not exhibit symptoms of an allergy themselves, but is having the challenge because a sibling has a severe peanut allergy.

Assign:

Z03.6 *Observation for suspected toxic effect from ingested substance*

Z84.8 *Family history of other specified conditions*

Continued on page 3...

Allergic Reactions and Food Challenge Tests



In a **skin patch test**, allergens are taped to the skin in small chambers. The patches stay in place for 48 hours and are then removed. The patch sites are marked, and a doctor can determine if the patient has had an allergic reaction to the allergens (Crump, 2010).

Example 3:

A patient is admitted as a day case for a standard skin patch test. The patient is having the test due to a family history of severe allergy to latex. No allergic reaction is noted on the skin patch test.

Assign:

Z01.5 *Diagnostic skin and sensitisation tests*

Z84.8 *Family history of other specified conditions*

Procedure code:

12015-00 [1865] *Epicutaneous patch testing using all the allergens in standard patch test battery*

If the skin patch test or food challenge tests results in an allergic reaction a code for the type of reaction will be assigned. ACS 0001 *Principal Diagnosis* states 'An observation code is not to be used on a record with additional related codes. If symptoms related to the suspected condition are noted, then the symptom codes should be assigned, not code Z03.— *Medical observation & evaluation for suspected diseases and conditions*'.

If a patient tests positive for an allergy then you assign a code to reflect this allergic reaction as the principal diagnosis.

These tests will only be coded if the patient is admitted.

Example 4:

A patient is admitted as a day case for food challenge with eggs due to an allergic reaction in the past. Allergic reaction is noted, but the type of reaction is not specified in the chart.

Assign:

T78.1 *Other adverse food reactions, not elsewhere classified*

Y57.8 *Other drugs and medicaments*

Z88.8 *Personal history of allergy to other drugs, medicaments and biological substances*

Example 5:

A patient is admitted as a day case for food challenge with eggs due to an allergic reaction in the past. A rash on the patient's arm is noted on this episode indicating an allergic reaction to eggs.

Assign:

L27.2 *Dermatitis due to ingested food*

Y57.8 *Other drugs and medicaments*

Z88.8 *Personal history of allergy to other drugs, medicaments and biological substances*

Example 6:

A patient is admitted as a day case for a standard skin patch test due to family history of severe allergy to seafood. The patient develops allergic contact dermatitis indicating a positive allergy to seafood.

Assign:

L23.6 *Allergic contact dermatitis due to food in contact with skin*

Z84.8 *Family history of other specified conditions*

Procedure code:

12015-00 [1865] *Epicutaneous patch testing using all the allergens in standard patch test battery*

References:

Dorland's *Illustrated Medical Dictionary*, (1988), 27th Edition, London, W.B Saunders.

National Institute of Allergy and Infectious Diseases (2010) *Food Allergy* Available from: <http://www.niaid.nih.gov/topics/foodAllergy/understanding/Pages/diagnosis.aspx> [Accessed 28 March 2011].

Crump, V. (2010) *Cosmetic Allergies* [Internet] Allergy New Zealand, Available from: <http://www.allergy.org.nz/shop/allergies+a-z/allergy+triggers/cosmetics.html> [Accessed 28 March 2011].

Coding Guidelines - Diabetes

Diabetes with multiple microvascular and other specified nonvascular complications

ACS 0401 provides the following guidelines for coding multiple microvascular complications.

CLASSIFICATION

E1-.71 **Diabetes mellitus with multiple microvascular and other specified nonvascular complications* should be assigned when the patient has conditions classifiable to two or more of the following five categories:

1. Kidney complications (E1-.2-)
2. Ophthalmic complications (E1-.31-E1-.35, E1-.39)
3. Neurological complications (E1-.4-)
4. Diabetic cardiomyopathy (E1-.53)
5. One of the following skin or subcutaneous tissue complications (E1-.62):
 - diabetic:
 - bullae (bullosis diabeticorum)
 - dermopathy (shin spots)
 - erythema
 - rubeosis
 - necrobiosis lipoidica diabeticorum [NLD]
 - periungual telangiectasia(e)

- Assign E1-.71 as the principal diagnosis only when no one complication meets the definition of principal diagnosis.
- Additional codes for the specific complications should also be assigned.

Foot Ulcers in Diabetes

The presence of an ulcer of the lower extremity by itself does not necessarily signify 'diabetic foot' (see below). Therefore, when the aetiology of a foot ulcer in a diabetic patient is unclear, the clinician should be asked for further clarification.

CLASSIFICATION

Diabetic ulcer of the lower extremity is assigned the following codes:

E1-.69 *Diabetes mellitus with other specified complication*
L97 *Ulcer of lower limb, not elsewhere classified*

Note: E1-.73 *Diabetes mellitus with foot ulcer due to multiple causes* should not be assigned for foot ulcer as this code is used for the condition 'diabetic foot'.

Look up:

Diabetes
- with
- - ulcer
- - - lower extremity **E1-.69**

Diabetic foot

This term is used to define diabetic patients with an ulcer or infection of the foot with peripheral and/or neurological complications and/or other distinct clinical factors. Such patients have an ulcer and/or infection in category 1 below and a condition from at least one other of the following numbered categories 2-5:

1. Infection and/or ulcer
2. Peripheral vascular disease
3. Peripheral neuropathy
4. Conditions causing deformity and excessive 'loading' of affected foot
5. Previous amputation(s) of affected and/or contralateral lower limb

CLASSIFICATION

Assign E1-.73 **Diabetes mellitus with foot ulcer due to multiple causes* when:

- 'diabetic foot' is documented in the clinical record, or
- the criteria above are met

Additional codes for the specific complications (e.g. polyneuropathy (G62.9), peripheral angiopathy (I70.2-), cellulitis of toe (L03.02)) should also be assigned.

Coding Guidelines - Diabetes

Example 1

Type 2 diabetic patient admitted with an ulcer and gangrene of the left foot and PVD. The patient also has chronic kidney disease (GFR =14), poor control of diabetes and has been treated with insulin for the past 5 years. The patient also has hypertension and a cataract.

A BKA was performed under GA ASA 2. The patient had haemodialysis. The patient was seen by the diabetes educator about diabetes management.

Codes:

E11.73 *Type 2 diabetes mellitus with foot ulcer due to multiple causes*
I70.24 *Atherosclerosis of arteries of extremities with gangrene*
E11.65 *Type 2 diabetes mellitus with poor control*
E11.71 *Type 2 diabetes mellitus with multiple microvascular and other specified nonvascular complications*
N18.5 *Chronic kidney disease, stage 5*
H26.9 *Cataract, unspecified*
E11.72 *Type 2 diabetes mellitus with features of insulin resistance*
I10 *Essential (primary) hypertension*
Z92.22 *Personal history of long term (current) use of insulin*

Procedure codes:

44367-02 [1505] *Amputation below knee*
92514-29 [1910] *General anaesthesia, ASA 29*
13100-00 [1060] *Haemodialysis*
95550-14 [1916] *Allied health intervention, diabetes education*

Note:

The patient had a foot ulcer and PVD = E11.73 *Type 2 diabetes mellitus with foot ulcer due to multiple causes*.
The patient had kidney and ophthalmic complications = E11.71 *Type 2 diabetes mellitus with multiple microvascular and other specified nonvascular complications*.

Example 2

Type 2 diabetic patient admitted as an inpatient with chronic kidney disease (GFR =14), poor control of diabetes and has been treated with insulin for the past 5 years. The patient also has hypertension and cataract. The patient had 3 sessions of haemodialysis.

Codes:

E11.22 *Type 2 diabetes mellitus with established diabetic nephropathy*
N18.5 *Chronic kidney disease, stage 5*
E11.71 *Type 2 diabetes mellitus with multiple microvascular and other specified nonvascular complications*
H26.9 *Cataract, unspecified*
E11.65 *Type 2 diabetes mellitus with poor control*
E11.72 *Type 2 diabetes mellitus with features of insulin resistance*
I10 *Essential (primary) hypertension*
Z92.22 *Personal history of long term (current) use of insulin*

Procedure codes:

13100-00[1060] *Haemodialysis*

Note:

The patient had kidney and ophthalmic complications = E11.71 *Type 2 diabetes mellitus with multiple microvascular and other specified nonvascular complications*. The kidney complications met the definition of the PDx, therefore E11.22 *Type 2 diabetes mellitus with established diabetic nephropathy* was assigned as the PDx.

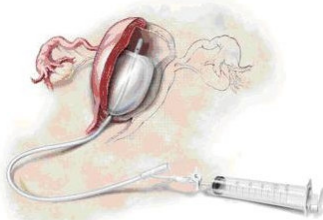
Cracking the Code

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

Bakri Balloon

Q. A patient had an emergency c-section and had a 2000ml haemorrhage. During her section a Bakri balloon was inserted to help stop the bleed. Two days later, it was removed.

Could you help with codes for the insertion and also the removal of a Bakri Balloon?



Bakri Balloon

A. There is no specific code for Bakri balloon inACHI. For the insertion, we suggest assigning 16567-00 [1347] *Other management of postpartum haemorrhage* for the initial procedure.

For the removal of the balloon, we suggest assigning:

90436-00 [1273]	Other procedures on uterus
92202-00 [1908]	Removal of therapeutic device, not elsewhere classified

Child Discharged Against Medical Advice

Q. If a child leaves hospital against medical advice and the 'self discharge' form is signed by a parent, what discharge code should be assigned?

A. The discharge code **00 Self Discharge** should be assigned here, as the parent was acting on behalf of the child. Discharge code 13 *Absconded* is not appropriate as the child did not leave the hospital without notice and the parent signed the 'self-discharge' form.

Radiofrequency Ablation on Kidneys

Q. What code should we assign for radiofrequency ablation of kidneys, used to treat renal cell cancer?

A. There is no code in 6th EditionACHI for radiofrequency ablation of kidneys. The NCCH* have advised coding this procedure to:

90354-00 [1604] *Other procedures on kidney*

Acute Ischaemic Leg

Q. What code is assigned for acute ischaemic leg with no underlying cause documented?

A. Follow the guidelines in ACS 0941 Arterial Disease - 'If only 'ischaemic leg' is documented, assign a code from I70.2- Atherosclerosis of arteries of extremities.' There is no mention of 'acute' in this guideline, but in this instance assigning I70.2- will provide adequate information.

Day Case Definition

Q. Why will HIPE not allow a patient to be a statistical day case if they have absconded?

A. For a case to be a day case, the patient must be **discharged as scheduled**. For more information on this, please refer to the HIPE 2011 Instruction Manual, Item No. 16: Day Case.

Place of Occurrence

Q. I'm coding a case where an earring has become embedded in the patients tongue following a piercing two weeks ago. Should the place of occurrence be where the ring became embedded (i.e. home) or the place where it was originally pierced?

A. Place of occurrence must relate to the place WHERE THE EXTERNAL CAUSE OCCURRED, not where the adverse effect/manifestation occurred.

So in the case above the Place of Occurrence will be the where the original piercing happened as the embedding of the earring is an abnormal reaction that is not expected in a normal case of piercing.

Colonoscopy with Biopsy & Injection of ink

Q. If a patient is admitted for a colonoscopy and had both a biopsy and injection of ink, are two separate colonoscopy codes needed - one to code the tattoo and one to code the biopsy?

A. Use two codes as there are two distinct codes for both components of this procedure and there are no excluded/includes notes at either of these procedure codes. Assign two codes, one for the colonoscopy with administration of ink and another for a colonoscopy with biopsy as this will provide a complete description of what was performed. The codes assigned will depend on how far the colonoscopy went.

* This advice was published by NCCH prior to the migration of responsibility of the classification to NCCC.

Cracking the Code

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

Type 2 Diabetes with Long Term Insulin Use

Q. When a patient with type 2 diabetes is on long term insulin are they coded as uncontrolled diabetes (E11.65) with the code for long term insulin use (Z92.22) or are they coded as E11.9 with long term insulin use? There is no mention of any other complications.

A. Assign E11.9 *Type 2 diabetes mellitus without complication* and an additional code Z92.22 *Personal history of long term (current) use of other medications, insulin*.



Only when there is documentation of 'unstable', 'for stabilisation', 'uncontrolled', 'poorly controlled' or 'poor control', the code E11.65 *Diabetes mellitus with poor control* should be assigned as principal or additional diagnosis as appropriate.

Greenfield Filter

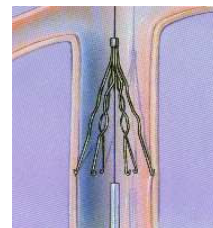
Q. A patient with a pulmonary embolism had a Greenfield filter inserted. What procedure code should be assigned for this?

A. A Greenfield filter is a brand name for a specific type of Inferior Vena Cava (IVC) filter.

The codes for insertion of an inferior vena cava filter are located in block [723] *Other application, insertion or removal procedures on veins*, the code will depend on whether the procedure was open or percutaneous.

The look up is:

Insertion
- filter
- - inferior vena cava (open) 35330-01 [723]
- - - percutaneous 35330-00 [723]



Inferior Vena Cava Filter

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

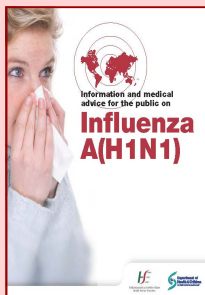
hipecodingquery@esri.ie

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.

This is available at:

www.esri.ie/health_information/hipecodingquery@esri.ie/clinical_coding/help_forms/

Reminder: Coding of Swine Flu



- Influenza A(H1N1) [swine flu] is classified to **J09** *Influenza due to identified avian influenza virus*, with an additional code of Z29.0 *Isolation*, where appropriate.
- Only confirmed cases of influenza A(H1N1) [swine flu] are coded to J09. For cases described as 'suspected' or 'probable' and the patient is treated for swine flu, but **not confirmed** by laboratory testing, assign: **J11.-** *Influenza, virus not identified*, plus Z29.0 *Isolation* where appropriate.

Please see ICS 10X0 for further information on the coding of A(H1N1) influenza.

2010 National File Closure

Thank you for submitting 2010 data by the end of March deadline. All data for 2010 must be finalised and all corrections made by end of June 2011 export as the file will then be locked.

If you have data quality queries outstanding, please return any responses and corrections to the ESRI as soon as possible. If you have already returned responses to data quality queries on 2010 data, we would like to thank you for your continued contribution to timely accurate HIPE data.

Congratulations to Gillian Kenny from South Infirmary - Victoria who is the winner of our Christmas Crossword Competition.



Your prize is on the way!



This symbol indicates training is held in the ESRI.

Upcoming Courses

This symbol indicates training is delivered via Webex.



Introduction to HIPE

(delivered via Webex)



This is a general introduction to the variables collected by HIPE for new coders and others working in the HIPE system.

Dates: Wednesday 4th May

Time: 10.30am - 1pm

Coding Skills I



This course is for new coders who have attended the Introduction to HIPE course.

Dates: Wednesday 11th & Thursday 12th May

Time: 10am - 5pm each day

Coding Skills III



This course is for coders who have previously attended Coding Skills II, experienced coders can attend this course for refresher training.

Dates: Tuesday 17th - Thursday 18th May

Time: 10am - 5pm each day

Coding Skills II



This course is for those who have previously attended Coding Skills I.

Dates: Tuesday 14th - Thursday 16th June

Time: 10am - 5pm each day

Anatomy & Physiology

Available both via Webex and in ESRI. Please indicate when applying how you intend participating.

Introduction to A&P

Date: Tuesday 24th May

Time: 11am-1pm



Respiratory System

Date: Tuesday 24th May

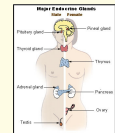
Time: 2pm - 4pm



Endocrine System

Date: Wednesday 25th May

Time: 10.30am - 12.30pm



You can apply online for all of these courses at:

www.esri.ie/health_information/clinical_coding/training/

Locum Coders: We are occasionally asked by hospitals if we know of any experienced coders available for locum or temporary work. While we cannot recommend anyone we can put coders in contact with hospitals if we know people are interested. Just contact us if you would like to do this type of work.

hipecodingquery@esri.ie

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 easy access.

www.esri.ie/health_information/find_it_fast/

Thought of the month

"What is the difference between an obstacle and an opportunity?"

Our attitude toward it.

Every opportunity has a difficulty, and every difficulty has an opportunity."

J. Sidlow Baxter (1903-1999), Author and Theologian
From Bob Proctor's Thought for the Day