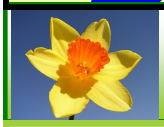
Coding Notes

Healthcare Pricing Office

Number 76
April 2017



Focus on Data Quality

For 2017 the data quality role of the HPO continues to grow and the focus on data quality is greater than ever before. The HPO Audit Strategy will be published over the coming weeks and will be presented at the **ABF Conference on 11th May**. There will be an expansion of the audit training provided by the HPO and ongoing work on increasing the use of data quality tools by hospitals. In March 2017 HIQA launched the "*Information management standards for national health and social care data collections".* This will be a valuable framework for HIPE and hospitals. Work continues in many areas of data quality and please see below for some of the highlights.

Audit Function

The importance of the audit function within HIPE is recognised by management at national as well as hospital and group level. The HIPE Coding Audit Tool (HCAT) is available in all hospitals and training is provided by the HPO. The HPO can also provide support and advice for hospitals when audits are being undertaken. In 2017 there will be an increased focus and resourcing of coding audits.

HCAT Enhancements

A new version of the HCAT is being developed with improved functionality and reporting options. This new version will also include ABF data to allow for the inclusion of weighted units as part of coding audits. It is important that hospitals use HCAT to review their own data.

Audit Results

The HPO's programme of audits continues nationally with excellent support and engagement from hospitals. The audit results are identifying excellent coding practice in line with national guidelines. We look forward to sharing more detail on these audit results at the ABF Conference on 11th May. Some issues around local coding practices and application of general coding standards such as ACS 0001 *Principal Diagnosis*, ACS 0002 *Additional Diagnosis* and ACS 0010 *General Abstraction Guidelines* have been identified. The recently published Standards for Ethical Conduct in Clinical Coding is a useful document for all involved in HIPE coding – See *Irish Coding Standards V9.0*, Appendix B. The HPO will be following up with hospitals on audit results and recommendations. Audit reports will be issued to the HIPE department and senior management as standard.

Training

HIPE data quality relies on highly skilled coders and the application of core coding skills such as reviewing the entire medical record and the correct application of national coding guidelines. Hospitals are encouraged to support the education of HIPE staff by facilitating educational opportunities onsite – e.g. attending journal clubs, grand rounds and if not already present, establishing links with clinical colleagues. It is also recommended that experienced coders regularly attend training provided by the HPO .

National Audit of Admitted Patient Information in Irish Acute Hospitals

The recommendations from the *National Audit of Admitted Patient Information in Irish Acute Hospitals* continue to be addressed. The HPO is also following up with hospitals on the action plans submitted as part of this national audit. Additional resources for the training team at the HPO ensure that training content and materials are current, effective and reflect clinical practice.

Recommendation 12 in the report outlined several areas for the HPO to develop training. This work is ongoing and there has been an expansion of training and specialised training in complex areas. For example, training and educational material for coders has been provided in the areas of sepsis, stroke and ventilation.

Communication

Many of the HSE's national clinical programmes utilise HIPE and are keen to work with the HPO to improve data quality where gaps are identified. The HPO are linking in with many of the clinical programmes in terms of education and access to expertise for HIPE.

Data Quality Updates

The HPO provide data quality updates regularly throughout the year featuring the various aspects of data quality and providing information on the reviews performed by the HPO. Our message is about data quality and we are keen for this to be shared amongst your coding colleagues. It is always interesting to see how the data is being used and for coders to see the real value placed on their work by all the agencies and government bodies who use this data. The HPO are also looking at new approaches and tools for performing data quality reviews and we look forward to sharing these advancements throughout 2017.

The ABF Conference will be held on 11th May 2017 at the Royal Hospital Kilmainham, and the theme of the conference this year is Quality. We look forward to seeing you at the conference. For those who cannot attend in person the conference will be streamed live.

A key component of quality data is timeliness. We want to thank everyone for their fantastic efforts in meeting the deadline for the final submission of 2016 HIPE data at the end of March. It is a really great achievement and very much appreciated by all the many users of HIPE data. **Thank you all!**

Inside This Issue

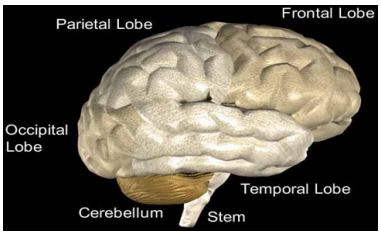
Circulatory Workshop Report
Coding Strokes

Coding Strokes

Circulatory Workshops were held during February, and the classification of Strokes were the main focus.

Joan McCormack, Programme Manager from the National Stroke Programme was guest speaker at a workshop held in the HPO on 22nd February. Joan has a background in nursing and has extensive experience working in Stroke Units. Her presentation included terminology, definitions, information on the different types of strokes, parts of the brain affected by stroke, and associated manifestations, common co-morbidities and sequelae, contributing factors, prevention, epidemiology, diagnosis and treatment. Joan also provided participants with an overview of the work of the National Stroke Programme. For information on the National Stroke Programme please refer to http://www.hse.ie/eng/about/Who/clinical/natclinprog/strokeprogramme/

A sample of comments following Joan's presentation
- "Joan McCormack's talk was brilliant"
- "Specialty nurse greatly improved my understanding of documentation"
- "Joan's talk was excellent"



Code assignment and classification guidelines in ACS 0604 *Stroke* were discussed, and exercises and case studies were completed by participants. The code assignment in relation to the exercise below generated good discussion amongst the group. Please read the exercise, and refer to the queries in relation to it below.

Workshop Example

A 69 year old male was admitted from home with dysphagia and left hemiplegia. CT brain without contrast showed a right parietal infarct. He was seen by the speech and physiotherapist for treatment of his deficits which had resolved by discharge 5 days later.

Diagnoses Codes:		**HADx**
I63.9	*Cerebral infarction, unspecified*	-
G81.9	*Hemiplegia, unspecified*	-

Procedure Codes:

95550-03 [1916]	*Allied health intervention, physiotherapy*
95550-05 [1916]	*Allied health intervention, speech therapy*

Hints:

ACS 0604 *Stroke*
ACS 0042 *Procedures normally not coded*
ACS 0032 *Allied health interventions*

Two queries were raised on the example above and the responses are included below and over the page.

1. "*Would I63.8 Other cerebral infarction be more appropriate, because it specified that this was a parietal infarct*?"

Response:

I63.9 *Cerebral infarction, unspecified* is the correct code to assign for this scenario. The 4th character at I63- *Cerebral infarction* reflects the **cause** of the infarct and the arteries affected. Therefore I63.8 *Other cerebral infarction* would not be assigned, as parietal (the part of the brain affected) is of no relevance to the code assignment. The term 'parietal' is not related to the cause of the infarct.

Example: I63.**0** *Cerebral infarction due to thrombosis of precerebral arteries*

The axis of the fourth character determines what goes in the .8 category, and if the information is not related to the axis being used then .9 is the correct 4th character to assign.

Coding Sequelae of CVA

2. *"Why was the dysphagia not coded – the patient had speech therapy, so does it not meet criteria for collection in ACS 0002 Additional Diagnoses?"*

Response ACS 0604 *Stroke* provides the following guidelines: A code for dysphagia should be assigned **only** when requiring nasogastric tube/enteral feeding, or when the dysphagia is present at discharge or still requiring treatment more than 7 days after the stroke occurred. As ACS 0604 Stroke is a specialty standard, these guidelines override the guidelines in ACS 0002 *Additional Diagnoses.* Therefore a code for dysphagia is not coded.

Stroke query from workshop participant, referred on to a stroke clinician

Q. If a patient has a diagnosis in the discharge summary of cerebral infarction and, during the episode of care, a carotid doppler is done showing 20% or 30% stenosis of precerebral arteries, can we "assume" that the cerebral infarction is due to the stenosis, or does this have to be specifically documented by the clinician? Do we have sufficient information in the statement above to assign I63.2 *Cerebral infarction due to unspecified occlusion or stenosis of precerebral arteries*?

Response

Clinical advice was sought, and confirmed that **you cannot assume** that the cerebral infarction is due to the stenosis, so in the absence of documentation in relation to the cause of the cerebral infarction please assign I63.9 *Cerebral infarction, unspecified*.

Coding sequelae of CVA

I69.- *Sequelae of cerebrovascular disease* codes should only be used when the treatment period is complete but residual deficits are still manifest and meet the criteria for an additional diagnosis.

Example 2 in ACS 0604 *Stroke* was discussed at recent coding courses. It was also addressed by the NCCH in *Coding Matters: 10-AM Commandments, Vol. 9,* No. 2, and the advice was published again by the NCCC - *Ref No: Q2695 | Published On: 15-Dec-2012 | Status: Current.* It was stated that the example is not explicit about how the hemiparesis meets ACS 0002 *Additional Diagnoses*, and that it would be clarified for a future edition of the Australian Coding Standards. Please see the examples below for coding guidelines as the ACS has not yet been updated. An Irish Coding Standard may be developed to clarify this issue.

Example:

Patient admitted as a day case for excision of skin lesion from forehead. The patient has a history of stroke with hemiparesis and has poor mobility but it didn't effect this episode – i.e. they did not require any additional help in walking over to the chair/bed where the lesion was removed etc.

PDx = Skin lesion, forehead

An additional code for the hemiparesis is not assigned as it doesn't meet criteria in ACS 0002 *Additional Diagnoses*

Example

Patient admitted as a day case for excision of skin lesion from forehead. The patient has a history of stroke with hemiparesis and has poor mobility and required any additional help in walking over to the chair/bed or needed a hoist to be lifted onto the bed.

PDx = Skin lesion, forehead

ADx = G81.x Hemiplegia

I69.x Sequelae of cerebrovascular disease

Additional codes are assigned for hemiparesis followed by I69- as they meet criteria in ACS 0002 *Additional Diagnoses*

Repeat Stroke Workshop

Following on from this workshop we had several requests to run another Stroke workshop, this is now scheduled to be held at the HPO on Thursday 6th July from 10am – 2pm. See Page 8 for information.

DIT Graduation— February 2017

The latest graduation ceremony took place in February 2017 and was attended by DIT, HPO and those graduating coders who were available to attend. Five cycles of the course have been run over the three years with a total of 77 clinical coders in 34 different hospitals are now certified through DIT. This course has been extremely successful and popular with both clinical coders and the wider healthcare community. It has helped in the recognition of the important role clinical coders play in providing sound hospital activity data to underpin such critical programmes as the Activity Based Funding (ABF) programme. Internationally the Audit of Admitted Patient Data (Pavilion 2016) recognised, not only the quality of Irish HIPE data but also stated the importance of the DIT certification in the future of HIPE.

† Dagger & Asterisk ✻

One major change in 8th Edition was in the dagger and asterisk convention. The dagger and asterisk convention remains in place, that both codes must be assigned, i.e. they still travel as a pair, but sequencing is relaxed when they fall into the place of principal diagnosis. So now, when you are assigning a dagger/asterisk pair as principal diagnosis, you should apply principles of ACS 0001 to determine sequencing of the principal diagnosis, rather than automatically sequencing the dagger code first in the combination.

Example 1

A patient is admitted for review of her ulcerated oesophageal varices due to alcoholic liver disease.

Codes:

Principal Diagnosis:	I98.2*	*Oesophageal varices without mention of bleeding in diseases classified elsewhere*
Additional Diagnosis:	K70.9	*Alcoholic liver disease, unspecified*

Look up:
Varix
-Oesophagus (ulcerated)
--in (due to)
---alcoholic liver disease K70.-†
I98.2*

Example 2

A patient is admitted for treatment of arthritis due to haemochromatosis.

Codes:

Principal Diagnosis:	M14.5*	*Arthropathies in other endocrine, nutritional and metabolic disorders*
Additional Diagnosis:	E83.1	*Disorders of iron metabolism*

Look up:
Arthritis
-in (due to)
--haemochromatosis E83.1† M14.5*

ARDRG Version 8.0

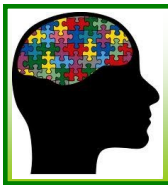
Manuals

ARDRG Version 8.0 Manuals

As with the previous ARDRG versions 5.1 and 6.0 each hospital will be sent a copy of the ARDRG Version 8.0 definition manual for reference purposes.

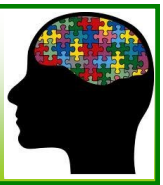
All hospitals will shortly receive a copy of the ARDRG Version 8.0 definition manual.

Please contact Brian McCarthy at brian.mccarthy@hpo.ie with any queries.



Cracking the Code

A selection of ICD-10-AM Queries



Q. A patient is admitted with PDX of a UTI and an additional diagnosis of DM2 with glaucoma. Is it correct to use the E code found at the look up *Diabetes - With - Glaucoma, neovascular*?

A. In this example do not code diabetes with glaucoma unless it is clear from the documentation that it is neovascular glaucoma. Please code diabetes and any other complications of diabetes documented. Only code glaucoma if it meets the criteria for additional diagnosis.

Q. A patient is admitted as a day case for incision and drainage of a haematoma of their leg due to warfarin. Is it sufficient to use D68.3 *Haemorrhagic disorder due to circulating anticoagulants* and Y44.2 *Adverse effect of Anticoagulants* as the diagnoses?

A. We suggest reviewing ACS 0001 *Principal Diagnosis* and ACS 0303 *Abnormal Coagulation Profile due to Anticoagulants*, Example 2.

As the patient was admitted for incision and drainage of haematoma of their leg, therefore the haematoma would be the PDx. As the haematoma is an adverse effect of the warfarin also assign the following as per ACS 0303:

D68.3 *Haemorrhagic disorder due to circulating anticoagulants*
Y44.2 *Anticoagulants causing adverse effects in therapeutic use*

Q. What procedure codes are used to record Atherectomy rotary cutter (Rotoablation) with angiography?

For this procedure the look up in the alphabetic index is **Atherectomy**, percutaneous the procedure is also indexed at "PTCRA".

We suggest that appropriate code to assign is:

38309-00 [669] *Percutaneous transluminal coronary rotational atherectomy [PTCRA], 1 artery*.

Note that the code may change depending on the number of arteries involved.

Also please see the note at the beginning of block [669]:

> Code also when performed:
>
> • coronary angiography (38215-00, 38218 [668])

Q. A Patient had a vacuum delivery and also had a McRoberts manoeuvre for shoulder dystocia. Can I use both O81 *Single delivery by forceps and vacuum extractor vacuum delivery* and O83 *Other assisted delivery* which covers the McRoberts manoeuvre?

Please code to O81 *Single delivery by forceps and vacuum extractor*. Delivery code O83 *Other assisted single delivery* **excludes** delivery by forceps and vacuum.

Please note that only one code from the O80 to O84 delivery code range can be used for a delivery episode.

Q. Can you please advise the most appropriate procedure code to use for conversion of a hemiarthroplasty to a total hip replacement?

Hemiarthroplasty means only one half of the hip joint is replaced. In a total hip replacement both the ball and the socket portions of the joint are replaced.

As the procedure is all of the one operation we would recommend you use the following code only,

> 49318-00 [1489] *Total arthroplasty of hip, unilateral*
>
> If the procedure is bilateral please use bilateral code.

Q. What diagnosis and procedure codes are used for Appendiceal Abscess with Ultra sound guided Transrectal Pelvic Drainage?

A. For the Diagnosis look up **Abscess**, appendix which leads to code K35.3 *Acute appendicitis with localised peritonitis*. We suggest assigning this code unless something else comes up on a histology.

For the procedure, there is not a specific code for 'transrectal approach'. We suggest assigning the code at the main term for drainage,

Drainage,
abscess,
- intra-abdominal (open) NEC 30394-00 [987].

This is a 'not elsewhere classified' code and none of the other essential modifiers at the code can be followed as they do not apply. The term '(open)' is listed as a non-essential modifier at this main term.

The code 30394-00 [987] *Drainage of intra-abdominal abscess, haematoma or cyst* is the most appropriate in this scenario.

Q. We have had a couple of charts with 'Inflammatory bowel disease' recently and as there is no specific code we spoke to our gastroenterology consultant who suggested we use the code K52.9 *non infective gastroenteritis* for this. Having looked at other codes we agreed that this was the right code. Would you agree with this?

A. We agree with your code suggestion as per the includes note provided at category K50-K52 which states that this category includes noninfective inflammatory bowel disease.

K50–K52 NONINFECTIVE ENTERITIS AND COLITIS
Includes: noninfective inflammatory bowel disease
Excludes: irritable bowel syndrome (K58.-) megacolon (K59.3)

If no further specificity applies and no other information is available which would lead to a more specific code then assign K52.9 *Noninfective gastroenteritis and colitis, unspecified*.

Do you have a 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

Coding Traffic Vs Non Traffic Accidents

When coding external cause codes for transport accidents (V00 - V99) please note the following information in relation to whether the accident is a traffic accident or a non traffic accident. This data is widely used in research and policy making, and the HPO are actively working on the quality of traffic accident data. Definitions are provided in the classification and are located at the beginning of the category V00-V99 *Transport accidents.*

Firstly did the accident take place on a public highway?

> "A public highway [trafficway] or street is the entire width between property lines (or other boundary lines) of land open to the public as a matter of right or custom for purposes of moving persons or property from one place to another. A roadway is that part of the public highway designed, improved and customarily used for vehicular traffic."

Was the accident a traffic or a nontraffic accident?

Traffic accident **V10–V82 and V87**	**Non traffic accident** **V83–V86**
"*A traffic accident is any vehicle accident occurring on the public highway [i.e. originating on, terminating on, or involving a vehicle partially on the highway]. A vehicle accident is assumed to have occurred on the public highway unless another place is specified, except in the case of accidents involving only off-road motor vehicles, which are classified as nontraffic accidents unless the contrary is stated."*	A *nontraffic accident is any vehicle accident that occurs entirely in any place other than a public highway.* For example – a vehicle overturning in a field.

Therefore coders can assume that a vehicle accident has occurred on a highway unless another place has been specified. Public highway includes any vehicle accident that occurs for example: on a street paths, pavements, kerbs, public roads, streets, pedestrianized streets.

The ICD-10-AM classification also includes the following instructions when a transport accident is not specified as traffic or non traffic:

Classification and Coding instructions for transport accidents

If an event is unspecified as to whether it was a traffic or a non traffic accident, it is assumed to be:

(a) **A traffic accident** when the event is classifiable to categories V10–V82 and V87.

(b) **A nontraffic accident** when the event is classifiable to categories V83–V86. For these categories the victim is either a pedestrian, or an occupant of a vehicle designed primarily for off-road use.

As the majority of cases will be coded as traffic accidents the recording of non traffic accidents has been subject to query by data users. Surveillance of the use of both categories will continue. This is done to ensure the highest quality and consistency in reporting of data in accordance with definitions and instruction provided in the classification for coders.

Are VAC dressings coded?

Yes, VAC dressings are coded. ACS 0042 Procedures normally not coded does **not** apply. Please refer to the Coding Rules below.

Vacuum assisted wound closure (VAC) Dressings

Q: Should VAC dressings be coded?

A: Vacuum assisted wound closure (VAC) is a type of wound dressing which uses negative pressure to promote wound healing. The wound is covered with open cell foam or gauze dressing that moulds to the wound bed. A drainage tube is attached, the wound is then sealed and vacuum or negative pressure is applied via a pump. The suction pressure removes or 'debrides' loose tissue and has been shown to reduce swelling, aid wound closure and promote formulation of granulation tissue.

VAC dressings are classified in ACHI as a nonexcisional debridement and therefore assign the following code as appropriate when performed:

90686-01 **[1628]** *Nonexcisional debridement of skin and subcutaneous tissue*

or

90686-00 **[1627]** *Nonexcisional debridement of burn.*

As VAC dressings are classified to nonexcisional debridement, ACS 0042 *Procedures not normally coded,* point 7 – *Dressings*, does **not** apply. This will be clarified in ACS 0042 *Procedures not normally code, point 7 – Dressings* in a future edition.

(Coding Rules, March 2015). *Ref No: Q2906 | Published On: 15-March-2015 | Status: Current*

Multiple Consultant Identifiers

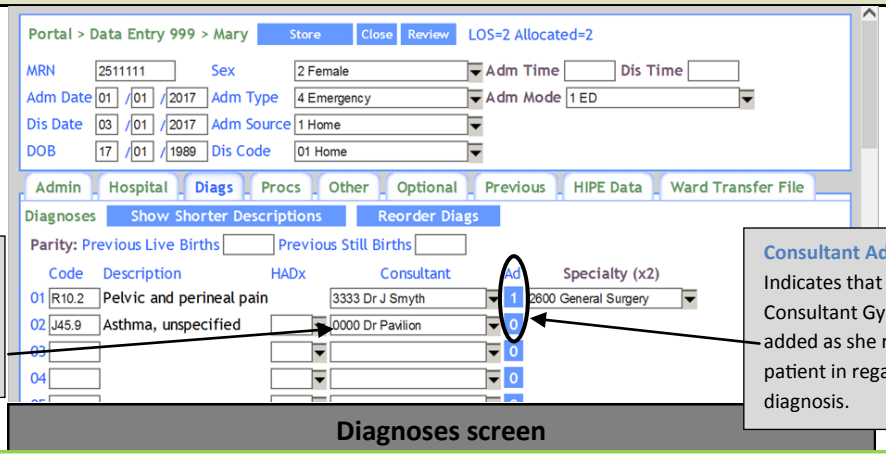
Multiple consultants are often involved in an episode of care and it is important that these are captured correctly on the HIPE Portal

Each consultant has a unique number assigned by the HPO which may **not** be used for any other consultant. When a new consultant (including non-permanent consultants) takes up duty a written request for a new (or existing) number is sent to the HPO (email: hipenumber@hpo.ie). Consultant number request forms are available at www.hpo.ie.

Example

A 28 year old female patient was admitted for investigation of pelvic pain under **Dr. Smyth,** General Surgeon. **Dr. Jones**, Consultant Gynaecologist also reviewed the patient, and ruled out an ovarian cyst as the cause of the pain. After examination and tests no cause was found for the pain, and the patient was treated with analgesics, and the pain resolved. During the episode of care the patient was seen by **Dr. Pavilion**, General Medicine to investigate a cough and wheezing that the patient had been complaining of prior to admission to the hospital. Dr. Pavilion documented that this was asthma, and commenced the patient on an inhaler, and the patient was discharged back to the care of their GP

- When more than 1 consultant is involved in a case – the relevant consultant code is entered opposite the relevant diagnosis/procedure
- When more than 1 consultant is involved in a particular diagnosis/procedure – use the **Ad** option to add up to 10 consultants to any specific diagnosis/procedure
- The above applies to both diagnoses and procedure coding



Consultant code
Dr. Pavilion, General Medicine investigated the cough, and diagnosed the asthma

Consultant Ad screen = 1
Indicates that Dr. Jones, Consultant Gynaecologist was added as she reviewed the patient in regard to this diagnosis.

Diagnoses screen

Upcoming HIPE Portal Reporter Training

Reporter training is now delivered via WebEx in three consecutive half day sessions, over a fullday and followed by a half-day, and covers all aspects of working on the HIPE Portal Reporter. This course is open to all working within the system who are using HIPE data through the HIPE Portal or through the HOP. Please complete the online training application at: **www.hpo.ie/training.** The next course is scheduled for:

WebEx based Course	Date	Time
HIPE Portal Reporter Training [Part I]	Tuesday, 11th April	10:30am – 12:00pm
HIPE Portal Reporter Training [Part II]	Tuesday, 11th April	2:00pm – 4:00pm
Using Scripts & Extracts in the HIPE Portal Reporter [Part III]	Wednesday, 12th April	10:30am – 12:00pm

The next HIPE Portal Reporter Training course will run on Thursday 15th June (all day) and Friday 16th June (AM only) covering the same topics as above.

Upcoming Courses

NOTE: All HIPE coding courses are now in 8th Edition ICD-10-AM/ACHI/ACS/ICS.

Introduction to HIPE

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

Date: Thursday, 13th April
Time: 2.00pm—4.30pm
Location: WebEx only

Coding Skills I

This 3 day course is for new coders who have participated in the Introduction to HIPE course.

Date: Tuesday, 25th April to Thursday 27th April
Time: 10.00am – 5.00pm each day
Location: HPO, Brunel Building only

Coding Skills II

This 3 day course is for new coders who have attended Coding Skills I

Date: Tuesday, 23rd May to Thursday 25th May
Time: 10.00m - 5.00pm each day.
Location: HPO, Brunel Building only

Coding Skills III

This course is for coders who have previously attended Coding Skills II. Experienced coders are welcome to attend this course for refresher training.

Date: Tuesday, 27th June to Thursday, 29th June
Time: 10.00am – 5.00pm each day
Location: HPO, Brunel Building only

Data Quality Session

Date: Wednesday, 21st June.
Time: 11:30—12:30 pm
Location: WebEx only
Note: This is an update on data quality activities and tools including the portal HCAT and Checker. This session will be repeated subject to demand.

To apply for any of the advertised courses, please complete the online training applications form at:
www.hpo.ie/training
Please inform us of any training requirements by emailing hipetraining@hpo.ie.

Coding Skills IV— Workshops

Same Day Endoscopies

Date: Wednesday, 10th May
Time: 10.30 am – 1.00 pm
Location: WebEx only

Z-Codes Workshop—2 half days

Dates: Tuesday, 13th June & Wednesday, 14th June
Time : 10.30am –1.00pm—each day
Location: HPO, Brunel Building & WebEx

Stroke Workshop (Repeat)

This course will focus on the classification of stroke, its complications and coding guidelines and will include a talk from an expert speaker to cover terminology, definitions and information on the different types of stroke.
Date: Thursday, 6th July
Time: 10.00 am – 2.00 pm
Location: HPO, Brunel Building.

Anatomy & Physiology

These courses will be delivered by a specialist speaker.

Anatomy & Physiology— Circulatory System

Date: Tuesday, 9th May
Time: 11.00am – 1.00pm
Location: HPO, Brunel Building & WebEx

Anatomy & Physiology— Skin and Subcutaneous System

Date: Tuesday, 9th May
Time: 2.00pm—4.00pm
Location: HPO, Brunel Building & WebEx

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: info@hpo.ie

Thought for Today

Be kind whenever possible.
It is always possible.
Dalai Lama - Monk