Coding Notes

Healthcare Pricing Office

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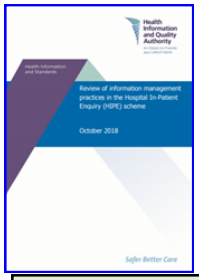
ABF: Moving forward with Sláintecare

The recently published Sláintecare report recognises the importance of quality health data and information to drive improvements in the future of healthcare in Ireland. Quality health data and information are the cornerstones of the work of HIPE and the Healthcare Pricing Office (HPO). The Sláintecare implementation strategy states that Activity Based Funding (ABF) will be used as the funding mechanism for Irish Health Services in the future. This will build on the work carried out over the last number of years since the creation of the HPO in 2015. The Sláintecare Implementation Strategy acknowledges that ABF is central to funding reforms within the healthcare system.

Under **Strategic Action 7: Reform the funding system to support new models of care and drive value to make better use of resources** it states: "Significantly increase the ABF proportion of hospital budgets by reducing transition payments and introducing stronger and more real-time financial incentives for productivity to drive value" (Strategic Action 7.1.2, Sláintecare Implementation Strategy.)

In addition, the eHealth Strategy for Ireland emphasises the importance of timely and accurate integrated data systems. The HPO are working with the OoCIO to ensure the data required to fully roll out ABF will be available to the system.



The HIQA *Review of information management practices in the Hospital In-Patient Enquiry (HIPE) scheme* published in October 2018 makes a number of recommendations which will further strengthen and support the HIPE system.

'HIPE data is—an extremely important indicator of hospital activity as it identifies the demand for services in each hospital and the hospital's capacity to treat patients. Additionally, HIPE data is essential for the HSE's Activity-Based Funding (ABF) Programme.'

HIQA Review, 2018, p7.

Amongst the HIQA Report's recommendations is that a group with national oversight for HIPE should be established to coordinate the leadership and governance arrangements in relation to HIPE within the HSE. This HIPE Governance Group has now been convened with the first meeting held in March 2019. The group will meet four times per year and has representation from the HSE's HPO, the Acute Hospitals' Division and National Finance Division as well as the Department of Health, HIPE, Hospitals and other key agencies. The HIPE Governance group will provide strategic guidance and support to the HPO, HSE, Hospitals and Hospital Groups in the operation and development of HIPE. This will ensure the provision of high quality, timely, relevant HIPE data to Ireland's health information system and ensure this national data set is managed and supported at all levels within the organisation. The group will be supported directly with their work by the HIPE Technical Group who will review and report on issues arising. More information on the work of these two groups will be included in future editions of *Coding Notes*.

With so much emphasis once again placed on ABF and the key role of HIPE data it is timely that the HPO are holding the ABF Conference this year on the 22nd May. This one day event will be held in Athlone at the Sheraton Hotel. The agenda will appeal to all working in the area of ABF in Ireland and we look forward to a busy and informative day.

The theme of the 2019 ABF conference is:

ABF: Moving Forward with Sláintecare

Please see www.hpo.ie for further information.

Inside This Issue

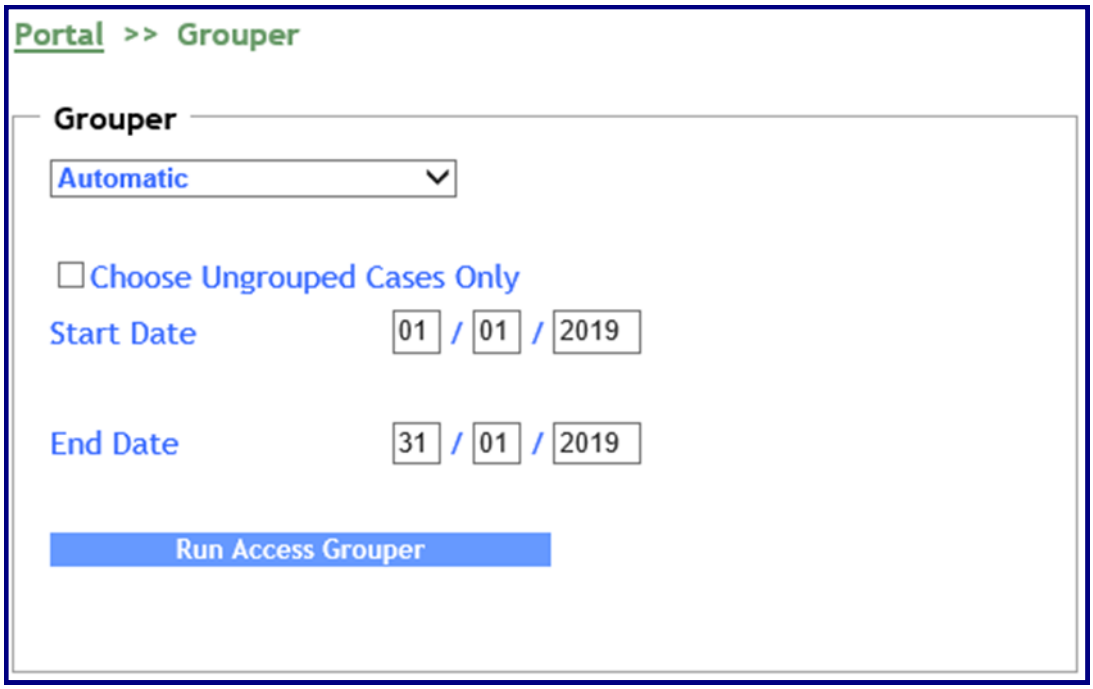
The HIPE Portal Grouper

The HIPE Portal *Grouper* is a module in the HIPE Portal and is used to assign Australian Refined Diagnosis Related Groups (ARDRGs) to HIPE coded cases. Any coded case which does not have an ARDRG will be included for grouping provided they are within the discharge date range chosen. The system will, by default, include all cases unless the *Choose Ungrouped Cases Only* option is ticked. When you start the grouper, data is passed to a separate program (called PowerGrouper) running in the background which analyses the data and assigns the ARDRG groups.

For more information on the grouping algorithm please see the following document

http://www.HPO.ie/abf/How_a_case_is_assigned_to_DRG_DEC17_HPO_ABF_Education.pdf

The grouper screen in the HIPE Portal appears on the screen as below:



Frequently Asked Questions

How do I start the Grouper?

To start the group, click on the *Grouper* button on the main HIPE Portal screen.

How often should I run the grouper?

The advice on how often should the grouper be run is as follows:

- If you are in a large hospital, you should run the grouper at least once a day.
- If you are in a medium sized hospital, you should run the grouper at least once a week.
- If you are in a small hospital, you should run the grouper at least once a month.

However, if you are running a report containing a field related to the grouper (such as DRG, ARDRG, Casemix Units, Weighted units or ABF), you should group before you run the report.

The HIPE Portal Grouper

Why do cases which are coded not have groups?

Each time you edit and store a case, the DRG information is removed from the case and the case needs to be grouped. If you are reviewing a case and you are not making any changes, you should use the *Close* option rather than *Store* to exit from the case to ensure you do not lose the groupings (or alternatively use the *View* option).

Please remember also, that cases coded in closed years will still need to be grouped if the *Store* button is pressed on them (for example when they are stored).

Do I need to group closed years?

Yes, you need to group closed years if there are ungrouped cases in those years.

How do I "ungroup" a case?

If you need to ungroup a case (i.e. remove the group from a case), simply open the case and store it.

How do I speed up the Grouper?

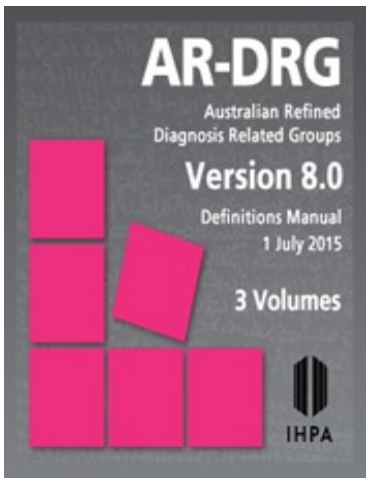
The grouper implements a complicated multivariate analysis of the data being grouped and this will take some time to execute. However, ticking the *Choose Ungrouped Cases Only* option will speed up the grouping as it will confine the grouping to cases which currently are not grouped.

I have grouped but there are still ungrouped cases – what do I do?

Firstly, the grouper will ignore all uncoded cases so if the number of ungrouped cases is the same as the number of uncoded cases, this is as expected.

If there are a small number (less than 5) ungrouped cases, they may simply be the cases coded by colleagues in the coding office since grouping.

Otherwise, contact HIPEIT@hpo.ie and ask them to investigate.



How do I understand how the ARDRG was chosen?

Each hospital was previously been sent out a copy of the ARDRG definitions manuals which contain detailed information on how cases are assigned to groups.

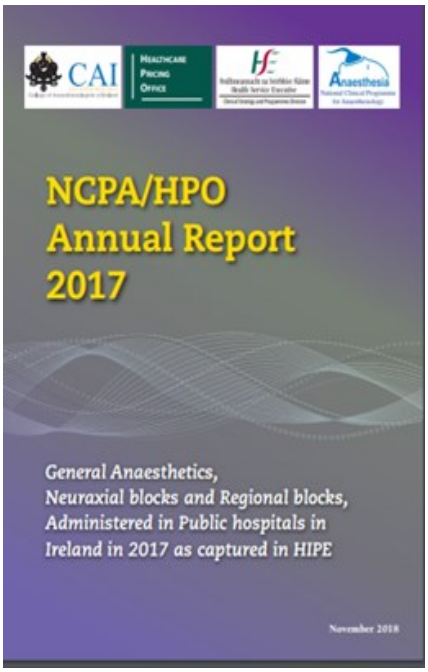
Do I need to group before I send an export?

No, there is no need to group before you send an export. The national file containing all exported cases from hospital is grouped as part of the process used in its compilation.

I have a question on the grouping process that is not answered here, where can I go for help?

Please contact HIPEIT@hpo.ie with any questions or queries with regard to the ARDRG Grouping process.

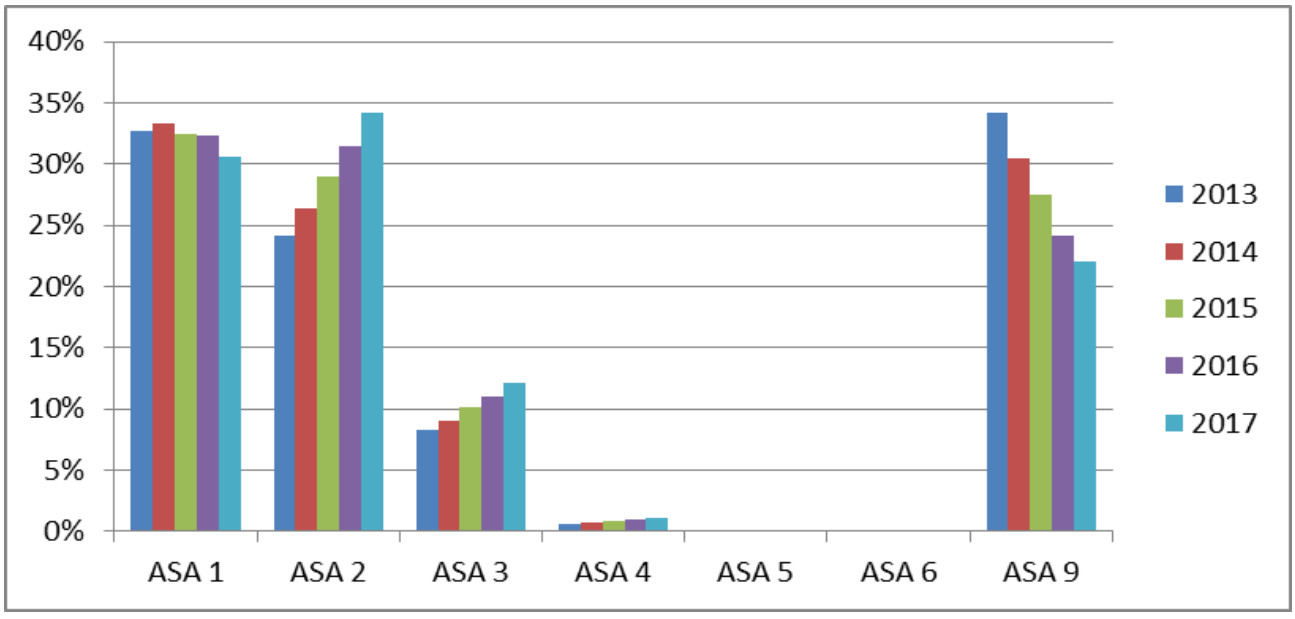
NCPA/HPO Annual Report 2017



Since 2014 the HIPE team at the HPO have collaborated with the National Clinical Programme for Anaesthesiology (NCPA) and the College of Anaesthesiologists of Ireland (CAI) in preparing an annual report on Anaesthesia using HIPE data. The most recent report was published in November 2018 and it describes the number of general anaesthetics, neuraxial blocks and regional blocks administered in public hospitals in Ireland in 2017 as captured in HIPE. The 2017 report is the fourth report in the series, covering 5 years of data from 2013.

This latest report shows that nearly 232,000 anaesthetics codes were captured in HIPE in 2017. What the report series also shows is how this report is helping to improve the recording and capture of more specific ASA scores. The figure below shows the drop in the reporting of ASA '9' over the years of the reports. The report is an example of how by working with the clinical programs, clinicians become more aware of what is available on HIPE and how better documentation can improve the quality of data captured. We would like to thank clinical coders for their diligence in collecting this important piece of information.

Figure 1: Per cent of anaesthetics administered in 2013 - 2017 by patient ASA status as reported in HIPE.



All of the Anaesthesia Reports, including this latest 2017 report, are available at: www.hse.ie/anaesthesia

Morbidity and Mortality Coding
What's the difference?

HIPE collects activity data for acute hospitals in Ireland. HIPE data is morbidity data coded following guidelines in the Australian Coding Standards (ACS) on the selection of the principal and secondary diagnoses. HIPE data is not mortality/cause of death coding. Mortality coding is carried out by the Central Statistics Office (CSO) following different rules laid out by the World Health Organisation (WHO) designed to identify the cause of death rather than the cause of illness.

In Morbidity Coding, in HIPE, The Principal Diagnosis is defined in ICD-10-AM

"The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment, as represented by a code" (Health Data Standards Committee (2006),

National Health Data Dictionary, Version 13, AIHW.

In Mortality Coding The Underlying Cause of Death is defined as:

"The disease or injury which initiated the train of morbid events leading directly to death; or the circumstances of the accident or violence which produced the fatal injury". (WHO)

Source: https://www.who.int/topics/mortality/en/

The table below summarises the difference between the two types of coding, both carried out using ICD-10

	Morbidity	Mortality
Collected by	HIPE*	CSO**
Collected on	Acute hospital day patients and in-patients	All deaths
1st condition reported	Principal Diagnosis	Underlying Cause of Death
Total deaths (2017)	11,082	30,484
Classification used	ICD-10-AM	ICD-10
Source Document	Patient medical record	Death certificate

* Figure based on 2017 HIPE discharges with a discharge destination code of '06- Died with Post Mortem' or '07- Died no Post Mortem'. Note also that if a planned 'day patient' dies they become an inpatient as they no longer fit the definition of day patient which states that a patient must be discharged as planned. Source: HIPE Instruction Manual 2019. HIPE Data Source: 2017_ASOF_0318_V17_CLOSE_WITH_UNC

**CSO Vital Statistics Yearly Summary 2017. Source: https://www.cso.ie/en/releasesandpublications/ep/pvsys/vitalstatisticsyearlysummary2017/ accessed 21 February 2019 .

Cracking the Code

A selection of Coding Queries

Q. A patient who has is admitted Gestational Diabetes Mellitus (GDM) treated with metformin. On this admission her gestational diabetes is uncontrolled. How do I code uncontrolled Gestational Diabetes?

A. There is no subcategory for uncontrolled GDM as there is for Diabetes Mellitus Type 1, Type 2, Other, and Unspecified, therefore assign:

O24.43 *Diabetes mellitus arising during pregnancy, oral hypoglycaemic therapy*

Q. What codes are assigned for a patient that is pregnant and has Gestational Diabetes Mellitus (on insulin) and comes in with hypoglycaemia?

A. There is no subcategory for GDM with hypoglycaemia as there is for Diabetes Mellitus Type 1, Type 2, Other, and Unspecified (E1-.64 **Diabetes Mellitus with hypoglycaemia*), therefore assign:

O24.42 *Diabetes mellitus arising during pregnancy, insulin treated*

E16.2 *Hypoglycaemia, unspecified*

Q. A patient had a Percutaneous Coronary Intervention (PCI) to Left anterior descending (LAD) artery during a previous episode of care. The patient is admitted this time with chest pain and had coronary angiogram while an inpatient.

The PDX is 'in stent restenosis'. What diagnostic codes will be applied to this case?

A. Restenosis means recurrence of stenosis or narrowing of arteries. If this stenosis is over 50% as per *Coding Rule Ref No: Q2628* and *ACS 0940 Ischaemic heart disease* then we suggest you code to:

I25.11 *Atherosclerotic heart disease of native coronary artery*

Z95.5 *Presence of coronary angioplasty implant and graft*

Q. A patient was admitted through ED with palpitations. There was no evidence of arrhythmia on the test results. The chart states that the patient was advised not to take cocaine again. What is the correct code for the cocaine use?

A. Unless there is documentation that the cocaine caused the palpitations only code palpitations. Cocaine use is not coded unless it meets the criteria for additional diagnosis. Please refer to ACS 0503 *Drug, Alcohol and tobacco disorders.*

The code for palpitations is:

R00.2 *Palpitations*

Q. A patient is admitted as a day case for exploration of a painful epigastric port site from a previous laparoscopic Nissen's Fundoplication. The port site was explored and a stitch sinus was removed.

What diagnosis and procedure codes do I use?

A. We suggest you code to:

T81.8 *Other complications of procedures, not elsewhere classified*

Y83.8 *Other surgical procedures*

Y92.22 *Health service area*

Procedure:

90952-00 [987] *Incision of abdominal wall*

Q. A patient had an appendicectomy and during the operation a metallic foreign body is found at the neck of the appendix. There is no history of prior surgery or no information as to how this got here. How is this coded?

A. Without further information as to how or when this occurred please code to:

T18.4 *Foreign body in colon*

W44 *Foreign body entering into or through eye or natural orifice*

Y92.9 *Unspecified place of occurrence*

U73.9 *Unspecified activity*

Cracking the Code

A selection of Coding Queries

Q. A patient presents with an acute ischemic right Middle Cerebral Artery (MCA) infarct with what is described on CT as Focal haemorrhagic transformation. I have coded the infarct as the PDx. Do I code the haemorrhage also and if so what code do I use for haemorrhagic stroke?

A. Cerebral infarction may be complicated by haemorrhagic transformation. In the absence of a combined code for cerebral infarct with haemorrhagic transformation, assign codes from categories *I63 Cerebral infarction* and *I61 Intracerebral haemorrhage* as per the guidelines in the Conventions used in the Tabular list of Diseases/Multiple condition coding.

I63. - *Cerebral infarction*

Plus

I61. – *Intracerebral haemorrhage*

Q. A patient attended for a cystoscopy for haematuria. The consultant linked the condition to radiation cystitis as the patient had previously undergone this for Stage 1 Endometrial Carcinoma. How do I code the radiation cystitis?

A. Following the index we suggest you code as follows:

Effect, adverse NEC
-radiotherapy NEC
- - cystitis N30.4
N30.4 *Irradiation cystitis*

Y84.2 *Radiological procedure and radiotherapy*

Y92.22 *Health service area*

See also *ACS 1902 Adverse Effects.*

Q. What is the correct procedure code for platelet rich plasma injection into a joint?

A. Autologous platelet-rich plasma (PRP) is blood plasma enriched with platelets. PRP contains increased concentration of proteins called growth factors that promote wound healing and bone growth. Autologous PRP is used in many fields including sports medicine, orthopaedics, cosmetics, fasciomaxillary and urology.

Intra-articular injection of autologous PRP is performed for conditions such as cartilage degeneration and osteoarthritis. The procedure involves injection of approximately 3 - 8 ml of PRP with a 21-22 gauge needle into the joint.

The aim of intra-articular autologous PRP injection is to promote healing of damaged cartilage, tendons, ligaments, muscles and bones to improve joint function.

Follow the Alphabetic Index:
Administration
- specified site
- - joint NEC 50124-01 [1552]

Assign 50124-01 [1552] *Administration of agent into joint or other synovial cavity, not elsewhere classified* for intra-articular PRP injection.

Note: Interventions classified in Block [1893] *Administration of blood and blood products* are assigned for transfusion of blood and blood products to improve circulation and replace low or missing blood components.

Q. What are the diagnoses and procedure codes for a patient admitted for injection into the stylohyoid ligament with pain from Eagle Syndrome?

A. As there is no specific code for Eagle Syndrome, code out the manifestations of the syndrome as per *ACS 0005 Syndromes.*

We suggest you code the procedure to:

90560-00 [1552] *Administration of other agent into soft tissue, not elsewhere classified.*

Q. What codes are used for a day case patient admitted for replacement of a nephroureterostomy tube?

A. We suggest you code as follows:

Z43.6 *Attention to other artificial openings of urinary tract*

36649-00 [1042] *Replacement of nephrostomy drainage tube*.

Do you have a HIPE 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.

Please anonymise any information submitted to the HPO.

Upcoming Courses

To apply for any of the advertised courses, please complete the online training applications form at: www.hpo.ie/training or use the link below.

Click 'Ctrl' and click on the link:
http://www.hpo.ie/training/frmTraining.aspx

Please ensure you enter the correct email addresses when applying for courses.

All information provided will be kept confidential and only used for the purpose it is supplied.

Please inform us of any training requirements by emailing hipe.training@hpo.ie

Coding Skills I

This 2 day course is for new coders who have participated in the *Introduction to HIPE* courses.

Date: Wednesday 8th May—Thursday 9th May 2019
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 participated in the *Introduction to HIPE* and *Coding Skills I* courses.

Date: Tuesday, 11th – Thursday 13th June 2019
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 14th—Thursday 16th May 2019
Time: 10.00m - 5.00pm each day.
Location: HPO, Brunel Building only

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

See the 'Find it Fast' section of the HPO website for easy access.
www.hpo.ie/find_it_fast/

Coding Skills IV— Workshops

Ophthalmology
Date: Tuesday, 21st May 2019
Time: 10.00am—5.00pm
Location: HPO

Endoscopies
Date: Wednesday, 29th May 2019
Time: 10.00am—5.00pm
Location: HPO

Anatomy & Physiology

Anatomy & Physiology— Introduction
Date: Tuesday, 22nd May
Time: 11.00am – 1.00pm
Location: HPO, Brunel Building & WebEx

Anatomy & Physiology— Circulatory
Date: Tuesday, 22nd May
Time: 2.00pm—4.00pm
Location: HPO, Brunel Building & WebEx

Anatomy & Physiology— Neuro/Endocrine
Date: Thursday, 20th June 2019
Time: 11.00am – 1.00pm
Location: HPO, Brunel Building & WebEx

Anatomy & Physiology— Haematology
Date: Thursday 20th June 2019
Time: 2.00pm—4.00pm
Location: HPO, Brunel Building & WebEx

Thought for Today

It never gets easier,
you just get better.

Unknown