

# Coding Notes

HIPE UNIT, ESRI



Issue 23

December 2003

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## 4-ward into '04!

**Data Quality and Completeness** will continue to be the focus for HIPE in 2004. Guidelines are being reviewed for data collection and code assignment. **Audits and data quality reviews** will continue to be carried out both nationally and locally so we encourage all involved in HIPE to keep up to date with current coding practice through Coding Notes and also by attending regular courses held by the HIPE Unit, ESRI.

## New Code for Drug Eluting Coronary Artery Stent

From January 2004 a new code will be available for drug eluting coronary artery stents. This procedure code will be available for discharges from the 1<sup>st</sup> January 2004.

Drug eluting stent refers to a stent with an active drug that is released in a controlled manner. The drug is applied to the surface of the stent and is intended to reduce restenosis. The drug is blended in a mixture of nonerodable polymers and a layer is applied to the surface of the stent. Examples of the drugs are sirolimus, taxol or paclitaxel. The drug is slowly released into the vessel wall tissue over a period of 30-45 days to prevent the build up of scar tissue that can narrow the re-opened artery.

**The new code for insertion of a drug eluting coronary artery stent is:**

**36.07 – Insertion of drug eluting coronary artery stent(s)**

Drug eluting stents need to be differentiated from covered or coated stents. A coated stent refers to a stent that is bonded with drugs (e.g. heparin). The difference between a coated and a drug eluting stent is that the coated stent doesn't release the drug. Coated stents are usually coated with heparin to prevent platelets forming on the stent. Coated stents are coded to 36.06 Insertion of coronary artery stent(s).

### Coding Guideline

Coronary angioplasty performed by any technique is inherent in the placement of a coronary stent. **The appropriate code for the angioplasty (36.01-36.03, 36.05) is assigned first with an additional code of 36.06 or 36.07 for the stent insertion.** Code 39.90 is assigned for the insertion of non coronary artery stents.

### Example:

Single-vessel coronary angioplasty with use of thrombolytic agent and insertion of drug eluting stent.

**36.02** (Single-vessel coronary angioplasty with use of thrombolytic agent) and

**36.07** (Insertion of drug eluting coronary artery stent(s))

Care must be taken to review the medical record documentation to determine the type of stent used.

Sources: AHA Coding Clinic, Fourth Quarter 2002, p.101.

Faye Brown's ICD-9-CM Coding Handbook, 2004, AHA Press.



### *Christmas Arrangements in the ESRI*

The H.I.P.E. Unit in the ESRI will close at 12.30pm on Wednesday 24th December 2003 and will re-open at 9.30am on Friday 2nd January 2004. A Very Happy Christmas to everyone!





# Cracking the Code



## A selection of queries received in the H.I.P.E. Unit recently

**Question:** A patient was admitted to our hospital and diagnosed with an acute right cerebrovascular accident with dementia as a secondary diagnosis. Also, the physician stated in the discharge summary that the patient seemed to be “sun downing” (Sundown Syndrome) and would become confused and disoriented, especially at night. What is Sundown syndrome and how is it coded?

**Answer:** Sundown syndrome or sundowning is a phenomenon by which a person with dementia may become more confused, restless, combative, suspicious, upset or disoriented, especially at night. No one is sure what causes sundowning, although it seems to result from brain disease. Assign a code for the specific brain disease (i.e. Alzheimer’s, dementia, etc.) Do not assign a separate code for sundowning. (AHA Coding clinic 3Q 2003 p19)

**Question:** A patient is noted at laparoscopy that her T.L. clips have dislodged and a decision is made to remove them. How do I code this?

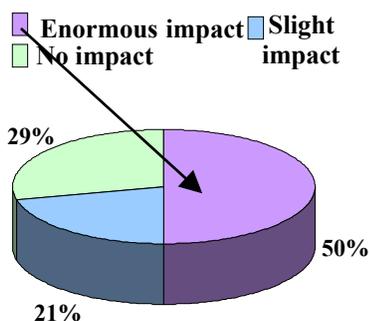
**Answer:** Assign code 996.39 (Mechanical complication of genitourinary device, implant, and graft – other) to identify that the clips have dislodged. For the procedure code assign 66.99 (Other operation on fallopian tubes – other) for the removal of the T.L. clips.

Hospital Coding Issues				
	Very Important	Important	Not Important	Not at All Important
1. Right use of diagnosis codes				
2. Incomplete medical records including list of drugs, lab, and x-rays				
3. The quality of the data entered				
4. Incomplete progress notes and discharge summaries				
5. Incomplete discharge summaries				
6. Incomplete discharge summaries				
7. Incomplete discharge summaries				
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17. Incomplete discharge summaries				
18. Incomplete discharge summaries				
19. Incomplete discharge summaries				
20. Incomplete discharge summaries				

## Survey of Hospital Coding Issues

The recent Managing Coding Services day on 22<sup>nd</sup> October 2003 provided a unique opportunity for us in the HIPE Unit, ESRI to hear your views and ideas about the challenges faced when coding in hospitals. Two surveys were distributed and here is a selection of the results from the Coding Issues Survey. Fourteen completed surveys were returned to the ESRI, these provided a valuable insight into what issues affect the quality of coding at your hospital.

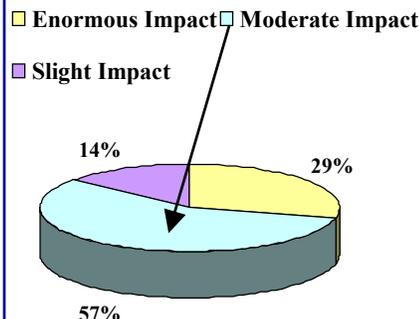
### Profile of HIPE within the Hospital



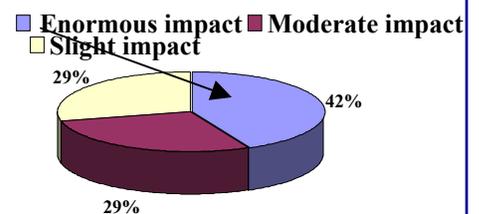
•50% of respondents said the **profile of HIPE** within the Hospital had an enormous impact on the timeliness, accuracy, and completeness of HIPE data.

### The Impact of Illegible Medical Record entries

The **illegibility** of medical records saw the highest score for moderate impact on coders’ work at 57%.



### The Impact of incomplete medical record content



• 42% recorded the enormous impact of incomplete medical records on data quality  
• Non-identification of Principal and Additional diagnoses were recorded as 50% (high) and 36% (moderate) impact on coding quality (*not illustrated*).

• The **availability of coders** in the hospital and coders available for employment both had enormous impact on HIPE in hospitals at 36%.  
• Other issues raised in this questionnaire were **lack of locum coders** and **difficulty in pulling charts**.

**We would like to take this opportunity to thank all who completed this survey.**

## WINDOWS HIPE REPORTING – USING EXTRACTS.

### What is an Extract file?

An extract file is a static data file containing a sub-set of your Windows HIPE dataset created using some selection criteria. Static means that it contains a snapshot of your data created at a certain time. **N.B.** Any changes applied to your live data after creation of the extract file will not be reflected in the extract.



### What is the advantage of using an Extract file for reporting purposes?

Reports run on an extract file should be faster than running the report from your live dataset. An extract file will allow further analysis on a specific sub-set of HIPE data, e.g. cases within an age category for a particular discharge period.

### How to create an Extract file?

There are three required steps for the creation of an extract file.

1. Add the Selection Criteria to the *Selector Tab*. The selection criteria will define the sub-set of data in the extract file, e.g. discharges for 1<sup>st</sup> Quarter of 2003 aged 60-80.

Field	Comparison
Discharge Date	Between 01/01/2003 and 31/03/2003
Age (in Years)	Between 60 and 80

2. Choose a report type from the *Report Tab*, e.g. a *Summary Report* can be used to check the totals resulting from the data selection.

3. Tell W-HIPE to store the details in an Extract file on the Extract Tab and generate the Report.

- A. Tick the '*I want to store or extract the selected records to a file*' option.

#### **EXTRACT OPTIONS:**

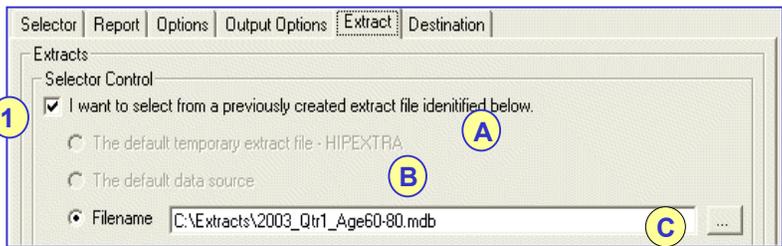
- B. To create a temporary Extract called *HIPEXTRA* use option **B**.
- C. To create a named extract file, use option **C**. The *[...]* button to the right may be used to browse to a location. **Tip:** Use a meaningful name for the extract that identifies which selection of records they contain. e.g. *2003\_Qtr1\_Age60-80.mdb*. Use separate directories for storing Extract(*.mdb*) files and Selection(*.sel*) files.

**NOTE: Details in the HIPEXTRA file will be over-written each time a temporary extract is created.**

## WINDOWS HIPE REPORTING – USING EXTRACTS.

### How to use an Extract file which has been previously created?

- To run a report on a previously created Extract file it must be specified on the *Extract Tab*. The option for 'I want to select from a previously created extract file identified below' must be checked.



#### EXTRACT OPTIONS:

A. -The default temporary extract file - HIPEXTRA.

This option tells W-HIPE to run the report on the data that is contained in the HIPEXTRA temporary file. The creation date and time of the HIPEXTRA file is shown to the right of this option when the file is present in the temporary directory. It is important to check that this date and time corresponds with the time the extract was created.

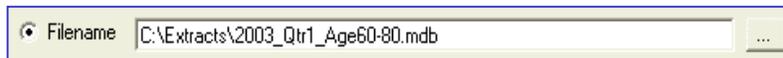


B. -The default data source.

This option may be set-up when extensive reporting of a static extract file is required. Please contact the HIPE Unit for further details.

C. -Filename

The filename of a previously created extract file must be specified when using this option. The [...] button to the right may be used to browse to the location of the Extract file.



- Now specify a report type on the *Report Tab* and generate the report.

**NOTE: It is possible to do further selections on data contained in an extract file, using the Selector Tab.**

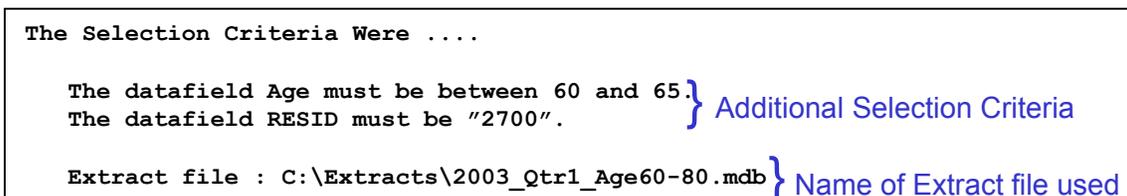
### Example: Select people aged between 60 and 65 from Sligo.

Add *Age between 60 and 65* and *Resid = 2700* as selection items and specify the Extract Filename as *C:\Extracts\2003\_Qtr1\_Age60-80.mdb*. Select a Report Type and generate the report.

#### DETAILS CONTAINED IN THE REPORT OUTPUT:

This report gives people from Sligo aged 60 to 65.

**NOTE: The name and location of the extract filename used are shown on the report.**



- Q. A report is run on people from Sligo aged 50 to 55 on the same extract, what is the result?



A. There are 0 cases in the selection!

**Why?** Because the *2003\_Qtr1\_Age60-80* Extract only contains details of those aged **60 to 80 for the first Quarter of 2003** due to the selection criteria used to create the extract file.

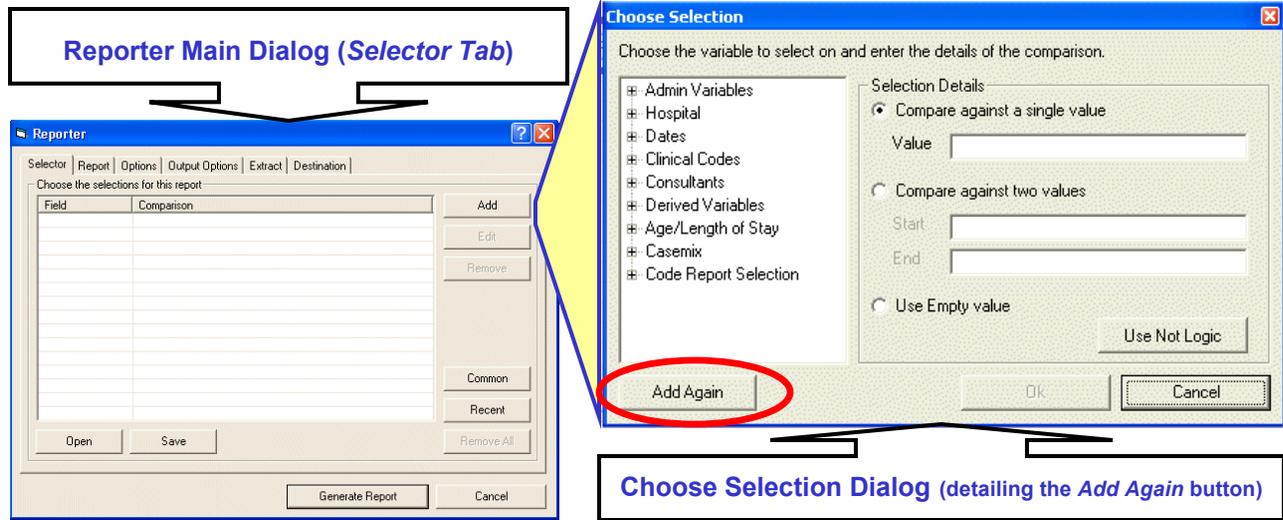
## WINDOWS HIPE VERSION 2.5 – NEW REPORTING FEATURES.

### The Add Again button.

Windows HIPE Version 2.5 includes some new functionality for adding selection items to the *Selector Tab*. The *Add Again* button allows the addition of multiple field comparisons for the same field, within the one field addition step.

### Where to find the Add Again button.

Click on the *Add* button on the right side of the *Selector Tab*. This displays the *Choose Selection* dialog. The *Add Again* button is contained in the bottom left corner of this dialog as shown in the image below.



### How to use the Add Again button.

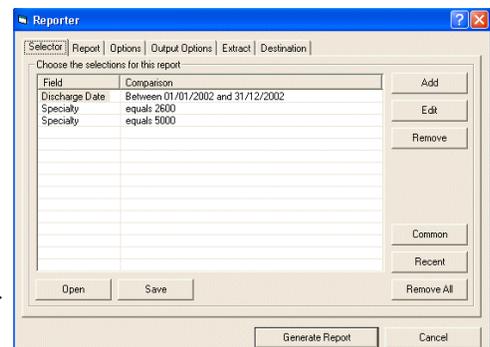
1. Click on the *Add* button on the right side of the *Selector Tab* dialog to add a field comparison as normal.
2. Choose the field from the left hand side of the *Choose Selection* dialog.
3. Add the comparison to the right hand side by typing into the box(es) or selecting from the drop-down list(s), depending on the field being compared.
4. Do not click on the *OK* button as before, just click on the *Add Again* button and repeat step 3 for as many comparisons being added.
5. Click on the *OK* button and the field name with comparison will be shown on the *Selector Tab*.

### Example:

#### Cases discharged in 2002 with specialties of General Surgery and General Medicine.

1. Add a *Discharge Date* selection item of 01/01/2002 to 31/12/2002.
2. Click on *Add > Consultants > Specialty*.
3. Choose *2600 General Surgery* from the drop-down.
4. Click on the *Add Again* button.
5. Choose *5000 General Medicine* from the drop-down.
6. Click on the *OK* button.

The *Selector Tab* will now look like the image opposite with the selection items ***Discharge Date Between 01/01/2002 and 31/12/2002***, ***Specialty equals 2600*** and ***Specialty equals 5000***. To complete the report, select a report type, additional options and generate the report.



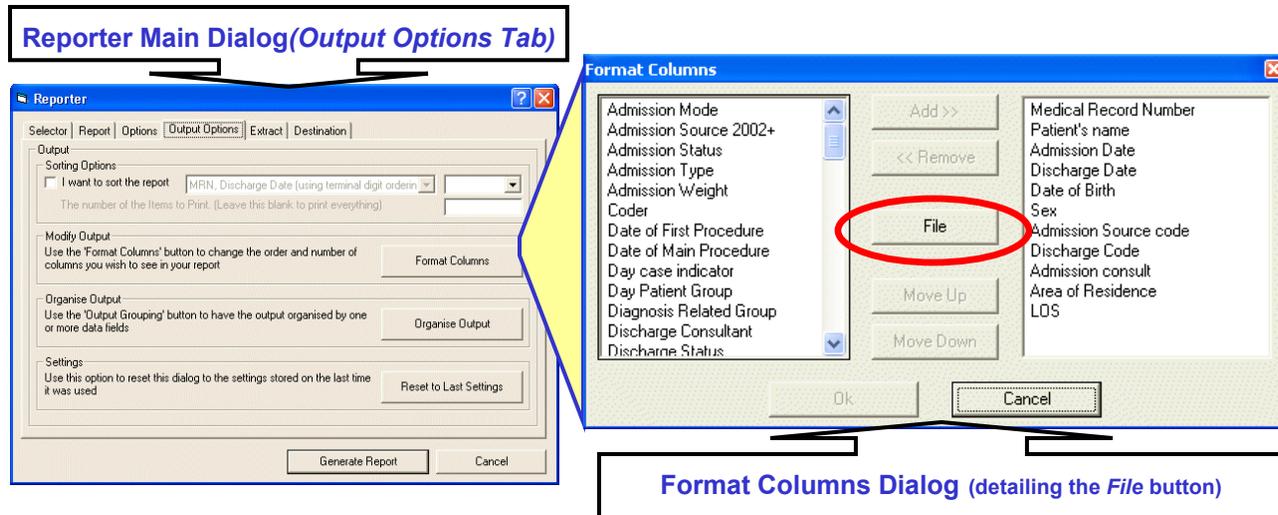
## WINDOWS HIPE VERSION 2.5 – NEW REPORTING FEATURES.

### Storing Format Columns Settings.

It is possible to store the format column settings for different report types in Windows HIPE version 2.5. This is facilitated with the addition of a *File* button to the *Format Columns* dialog. The [*File*] button allows the user to save settings of the column formats to a file (*Save*), open column format setting files (*Open*) and also revert to the default fields for a report type (*Default*).

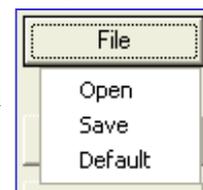
### Where to find the *File* button.

Click on the *Format Columns* button on the *Output Options Tab*. This displays the *Format Columns* dialog. This contains a new *File* button in the centre of the dialog, as shown below.



### How to use the *File* button to change report column settings.

1. Choose a *Report Type* on the *Report Tab*. Click on the *Format Columns* button on the *Output Options Tab* to display the *Format Columns* dialog.  
**Note:** A *Report Type* must be selected on the *Report Tab* for the *Format Columns* to be enabled. The *Format Columns* facility is not available with all report types.
2. Change the column format using the [*Add>>*], [*<<Remove*], [*Up*] and [*Down*] buttons.
3. To store the settings click on the *File* button and *Save* on the dropdown menu. Enter a filename and save. Files are saved with a *.col* extension and are placed in your 'My Documents' folder by default.
4. To open previously saved column settings click on [*File*] > *Open* and select the file from the dialog. The column layout settings contained in the file will be shown right hand side of the *Format Columns* dialog.
5. To revert to the default column settings click on [*File*] > *Default*.



### Example:

#### To run monthly patient listing reports but not include the Name or LOS fields.

1. Setup the selection criteria for the report and choose a report type of *Patient Report-Normal*.
2. Click on the *Format Columns* button on the *Output Options Tab*.
3. Click on *Patient's Name* on the right side and click on the [*<< Remove*] button.
4. Click on *LOS* on the right side and click on the [*<< Remove*] button.  
**NOTE: Both items may be moved at once by clicking on Name, holding the Ctrl key and clicking on LOS.**
5. To store the settings click on the [*File*] > *Save*. Enter a filename e.g. *MonthList* and save.
6. The next time the report is to be run, the saved format for the *Patient Report-Normal* will be available through [*File*] > *Open* and by choosing *MonthList.col*.

# Training 2003

“Don’t forget to go back to the basics to find the true answers to the questions you face every day”

(Source: Justcoding.com)

We recommend that all experienced Coders attend training courses every year. Coder training is ongoing as the classification and the coding guidelines are under constant review.

**5 Basic Coding Courses** were held training a total of 33 people

**4 Intermediate Courses** were held training a total of 25 people

**Workshops** in Dublin and regionally were attended by 147 people

**Refresher Courses** in Dublin and regionally were attended by 28 people

It is important that all Coders & HCCs attend refresher courses to:

- Go back to the Basics
- Revise the step by step coding process
- Ensure compliance with National Coding guidelines
- Keep up with changes in medical technologies

## UPCOMING REFRESHER COURSES

Cork – January 2004

Galway – Early 2004 (Dates to be finalized)



### Basic Clinical Coding Course

Always let us know when you need a new Coder trained and we will let you know when the next course is scheduled, usually about every 6-8 weeks. If you have attended a Basic course previously and would like to attend another one please do not hesitate to let us know and we will do our best to accommodate you.

### Intermediate Course

Eligible coders will be contacted shortly. If you have attended an Intermediate course previously and would like to attend another one please do not hesitate to let us know and we will do our best to accommodate you.

### Regional Workshops & Refresher Courses

We are always happy to facilitate regional workshops & refresher courses.

**Ongoing Education** Please contact Marie Glynn in the H.I.P.E. Unit (01-6671525) Ext. 467 for application forms or information on any coding course or workshop.



### Across

1. This will make it a white Christmas (4)
5. Time when it is silent and dark outside (5)
7. This is a type of light therapy- abbrev (2)
8. Area of residence code 3308 (5)
9. They all lived happily \_\_\_\_\_ after (4)
11. God Rest \_\_ Merry Gentlemen (2)
14. Med Terminology for bone, not ortho (5)

### Down

1. This range of admission codes indicate where a patient was prior to admission (6)
2. Opposite to off (2)
- 3 This season (6)
- 4 Type of scan, coded as CAT (2)
6. Sharp green leaves sometimes with berries (5)
10. Abbreviation listed at consultant specialty code 0600 (3)
12. Test on heart’s electrical activity- abbrev. (3)
13. This abbreviation of two words indicates on a chart a condition the patient has had in the past, also half of what santa says (2)

Please send a copy of your completed crossword to the HIPE Unit, ESRI to enter a draw for a prize. The winner will be announced in our next edition of Coding Notes.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



If you have any ideas for future topics for Coding Notes please let us know.

Thanks and keep in touch. Happy Christmas and a peaceful new year.

Deirdre Murphy. HIPE Unit, ESRI, 4 Burlington Road, Dublin 4. Phone 01-6671525

e-mail: Deirdre.Murphy@esri.ie.



# Index of topics covered in past issues of Coding Notes.

All back issues are available for download from the website [www.esri.ie](http://www.esri.ie) or contact us for any issues required.

Topic	Issue	Topic	Issue	Topic	Issue
<b>Activity in Acute Public Hospitals in Ireland 1990 -1999 – Launch</b>	May-02	<b>Haematology workshop review</b>	Dec-99		
Adhoc Reporting	Dec-01	Head injury with concussion	Jul-99	<b>Query process</b>	Dec-01
Admission Source	Feb-02	Health Strategy (Nov 2001)	Dec-01		
Admission Type	Feb-02	Heliocobacter	Mar-99	<b>Renal dysfunction due to Zestril</b>	Sep-00
Alcohol – coding	Sept-02	Hickamns' Catheter Irrigation	Dec -00	<b>Renal workshop review</b>	Dec-99
		Hydrocephalus	Dec-98	<b>Resource material</b>	Mar-00
<b>Amniotic Band Syndrome</b>	Sep-01				
Anaemia	Oct-99	<b>Information on W-HIPE</b>	Dec-99	<b>S.A.R.S.</b>	Apr-03
Angina	Dec-00	Injection of Platelet Inhibitor	Dec-99	<b>Scleroderma Sutures</b>	Dec
Antepartum condition	Feb-98	Insertion of minerva coil	Jun-00	<b>S.T.I.N.G. Procedure</b>	Dec-98
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Atrial Myxoma	Dec-01	Ischemic Heart Disease	Dec-00	<b>Seeing double</b>	Jul-99
Autopsy reports	May-01			<b>Smoking</b>	Feb-98
Autoimmune Hepatitis	Dec-01			<b>SRV - Small round Virus</b>	May-02
		<b>Keratopathy - band shaped</b>	Dec-01	<b>Social V-codes</b>	Oct-99
<b>Bed Days</b>	Oct-03			<b>Spondylosis</b>	Mar-01
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Backup - HIPE Computer	May-01	Lap & Dye for Infertility	May-02	<b>Summer codes</b>	Jul-99
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<b>Cannulla insertion -pre chemo</b>	Sep-01	<b>MAZE Procedure</b>			
Carotid artery stenosis	Jun-00	M.E.	Mar-00	<b>TVT (transvaginal tape)</b>	Dec-99
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Cervical pregnancy	Oct-99	Melanoma and Breast Cancer	Jun-00	<b>Twin-to-twin transfusion (syndrome)</b>	Sep-02
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Churg Strauss Syndrome	Sep-02	Myelodysplasia Syndrome	Mar-01	<b>Unknown date of birth</b>	Sep-00
Ciliary Dyskinesia	Oct-99	Myelodysplasia	May-02	<b>Updating The Classification</b>	Sep-02
Circumstances of poisoning undetermined Code E98+	Jul-99	Myeloid leukaemia	Dec-99	<b>V-codes</b>	Jul-99
<b>Closed reduction with Int Fixation -Keyhole</b>	Dec-01			<b>Viral Gastroenteritis</b>	Sep-02
Closure of 1997 & 1998		<b>National Export</b>	Dec-99		
HIPE National Files	May-01	<b>National Clinical Coding Conference</b>	Sep-02	<b>Web Sites</b>	Dec-01
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Code 3 Source of Admission / Discharge code 3	Dec-99	Nephrolithiasis	May-01	<b>Windows-HIPE on the Web</b>	Sep-00
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Coronary Atheroma	Sep-01	Ophthalmology Terminology	Apr-03		
CREST Syndrome	Dec-00				
CVA with residual quadriplegia	Jul-99	<b>PC problems</b>	Mar-99		
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		Physician documentation	Mar-99		
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	Sep-01	Poisoning & Adverse Effects	Mar-01		
<b>Day cases with an inpatient episode on the same day</b>	Sep-01				
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Digoxin Toxicity	Dec-01	Prophylactic organ removal	Oct-99		
Direct or Indirect Hernias	Dec-99	Pulmonary Embolism	Feb-98		
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<b>E-Codes</b>	Mar-01				
Embryo transfer under G.A.	Mar-00				
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<b>Foreign Body in wound</b>	Sep-01				
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