2006 - The year in review

This past year has proved to be another busy and successful year for all involved in HIPE. Once again innovations in audit, data quality, IT and training have seen both the coverage and quality of HIPE data improve. It is recognised as an important database both nationally and internationally. In March 2006, The Lourdes Hospital Inquiry described HIPE as **'A rich source of easily obtainable accurate statistical information'.** During the year the HIPE Unit at the ESRI welcomed visitors from Cyprus, Norway, Britain and Australia who all wanted to know about coding in Ireland.

The **HIPE Coding Audit Toolkit**, developed by the Data Quality and IT teams at the ESRI, was launched in March 2006 at the Casemix conference in Malahide. It has since been installed in many hospitals around the country and is being used to continue the work on the quality of HIPE data. The response to the Toolkit has been excellent and continuous feedback from users is welcomed. Helen Nolan from the Mater Hospital made the following comments on the HCAT:

"The HCAT Toolkit is of great benefit to us at the Mater Hospital. We are using it on a regular basis since October and regard it as a learning tool as well. Bad habits in coding that have formed over time are quickly noticed and corrected promptly. We also run weekly reports on error AR-DRGs (901Z to 961Z) and correct before they start to build up. Overall an excellent toolkit and very user friendly."

Day case dialysis treatment was introduced into HIPE in 2006 as was **Batch Coding**, a program written to facilitate this extra work load. The batch coder also saw an improvement in coverage of radiotherapy cases.

The introduction of the **Irish Coding Standards** in July 2006 is further proof of how well ICD-10-AM has been adopted in Ireland. This document, into its second edition, is an exciting innovation for HIPE and will be expanded to cover all areas of HIPE data collection.

Training in both clinical coding and the W-HIPE reporter also continued to be developed and delivered during the year. The basic course is now divided into two modules to give coders starting out a really sound basis for skill development. This enhancement to the basic training course is as a direct result of feedback from coders. A **training calendar** of basic and intermediate courses planned for the year ahead is included with this edition of Coding Notes and it is hoped this will be a useful innovation for planning. Refresher courses were held in Dublin and regionally and their continued success shows the dedication of experienced coders working in HIPE to continue to renew their skills. The specialty workshops were also very well attended and the discussions arising prove how ICD-10-AM is well and truly adopted by the Irish clinical coding fraternity. A casemix education day was held in the ESRI in March 2006 and was so successful it was repeated during the Casemix conference.

HIPE in the ESRI works closely with **The National Perinatal Reporting System (NPRS)** team who published a report on 2002 data and will publish 2003 early in the new year. Electronic data was received for the first time for maternity hospitals and they also held a very successful information day in September.

The ESRI's new offices at Whitaker Square, Sir John Rogerson's Quay, Dublin 2, ph. 01 863 2000

The **National Coding Advisory Committee (NCAC)** continues to meet on twice a year with representation from CCI, HCCWG, ESRI, HSE, and DOHC. This group has proved to be another useful forum for feedback and discussion on all aspects of HIPE.

The new year will see many more exciting developments in HIPE and, as always, Coding Notes will bring the news!

We moved offices in 2006 and we look forward to welcoming you to Whitaker Square when you next visit us in the ESRI. **We would all like to thank you for your continued cooperation and help in 2006 and we wish you a very happy Christmas and a peaceful new year**.

Christmas Arrangements in the ESRI
The Health Policy & Information Division in the ESRI will close at 4:00pm on Friday 22nd December 2006 and will re-open at 9:30am on Tuesday 2nd January 2007.
Best wishes for the festive season to all!
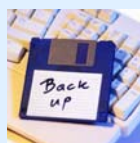

I. Tips for HIPE

The following is a list of reminders about special features in W-HIPE and the eBook.

Backups

Backups are very important.
Every HIPE coder or group of coders should ask themselves the following questions and if they are unsure of the answers they need to talk to their local IT departments.

- Is the data backed up?
- Is it backed up regularly?
- Who does the backup?
- Do you know how to retrieve a backup or who to contact in relation to retrieving backups?

AdminHIPE

The AdminHIPE program is an important tool for checking the WHIPE database system. It ensures that the information in the database is stored efficiently and improves the overall performance of the system.

We recommend that the AdminHIPE program is run on a frequent basis, that is at least once a day though smaller hospitals can run it once or twice a week.

Grouping

The Grouper is the tool used to classify HIPE data so that it can be linked to casemix . All large hospitals will have the grouper program installed on at least one computer and this 'grouping' will be done at least once a week.

- The grouper is started by clicking on *Special Function->Grouper*.
- A new version of the grouper will be released before the end of the year and all hospitals must update to this version.

eBook

The eBook is widely used to look-up diagnosis and procedure codes. Some aspects of the eBook, such as 'wild card' searching and the 'notes and pads' features, are additional useful features.

The wild card searching in the eBook is useful when you are not sure of the exact spelling of medical terms. Use the * to 'complete' the word.

For example:
Alz* = Alzheimer's Disease

The Notes and Pads features allow users to add information to the eBook. Individual coders can annotate their eBook and add both local hospital information and international guidelines and explanations.

National File Exports

It is useful to check the exports before sending it to ensure it is processed efficiently by the ESRI.
Two steps can be taken prior to export to check it.

1. Prior to running the export, coders should run the "Export Problems Report" which can be found in the *Special Function -> Export* menu. This will examine the cases in the export . Any problems found will need to be corrected.

2. After the export file has been written to the floppy disk coders should use the "Test Export Disk" to determine if the disk can be read correctly. This can also be found in the *Special Function -> Export* menu.

Discharge Dates & the W-HIPE Reporter

The W-HIPE reporter operates on the discharge dates of the patients in the HIPE database. Remember the first part of all selection criteria should be a discharge date range.

HIPE Variables for 2007

Beginning 1st January 2007 it will be mandatory to collect the following information as appropriate.

- ### Admitting ward & Discharge ward

Many hospitals have been collecting this information for local use since 1995, most using the existing in-house ward coding scheme. The W-HIPE software will collect the ward codes and descriptions automatically as part of the export. If your hospital is not collecting this information, you will have to prepare a list of ward codes and descriptions. This information can be entered using the configuration program (please contact the HIPE Unit if you are unsure about this).

Admitting ward: This is the ward to which the patient is formally admitted. If the admission ward is unclear the coder should determine the ward based on the midnight census.

Discharge ward: The ward occupied prior to discharge.

- ### Number of temporary leave days

A small number of hospitals allow longer stay patients home for a night or two during their stay. The 'Temporary Leave Days' field will be used to collect the number of days a patient is allowed to go home temporarily during an inpatient stay.

- ### Elective admissions to MAUs

Elective admissions to MAUs will be identified using admitting and discharge ward identifiers along with an elective "type of admission" code.

Please see the 2007 HIPE Instruction Manual and Irish Coding Standards V1.2 for details of changes to HIPE variables for 2007 (available at www.esri.ie). A "frequently asked questions" document on new variables 2007 has been sent to all hospitals.

New ICD-10-AM codes to be introduced from 1st January 2007

Two codes will be adopted from ICD-10-AM 5th edition (July 2006) into ICD-10-AM 4th Edition (July 2004) which is in use in Ireland. The codes are for Avian influenza and Severe Acute Respiratory Syndrome (SARS).

1. Avian Influenza
   CHAPTER 10 Diseases of the Respiratory System
   J09 *Influenza due to identified avian influenza virus*
   Influenza caused by influenza viruses that normally infect only birds and, less commonly, other animals.

2. Severe Acute Respiratory Syndrome (SARS)
   CHAPTER 22 Codes for special purposes
   U04.9 *Severe acute respiratory syndrome [SARS], unspecified*

Two new area of residence codes

will be available in HIPE for the new countries joining the EU

- Bulgaria   3331
- Romania   3332

Coding Guidelines - Z Codes

Z codes for *follow-up examinations for specific disorders*, *screening for specific disorders* and *surgical follow-up care* need to be assigned with care to ensure the patient's episode of care is correctly coded. Z code workshops were held in the ESRI in October and proved to be very popular in addition to providing a forum for discussion and clarification. Watch Coding Notes for details of future Workshops.

Please ensure that you are familiar with the following guidelines.

Follow-up Examinations for Specific Disorders (ACS 2113)

If a patient is admitted for a follow-up examination of a previously treated condition and **no residual condition or recurrences** are found, then a code from one of the following categories is to be assigned as principal diagnosis:

Z08 **Follow-up examination after treatment for malignant neoplasms**
Z09 **Follow-up examination after treatment for conditions other than malignant neoplasms**

A past history code for the previously treated condition can be assigned as an additional diagnosis.

If the condition has recurred or a residual condition is present, code the condition as the principal diagnosis.

The following scenarios are examples of where this guideline will be applied:

- Cystoscopy for bladder cancer review.
- Follow-up gastroscopy after treatment of gastric ulcers.
- Colonoscopy for colon cancer review.
- Colonoscopy after previous excision of colonic polyps.

Example 1: Patient admitted for a follow-up examination (colonoscopy). They had colonic polyps removed 6 months ago. There was no recurrence of the polyps.

Codes: Z09.0   *Follow-up examination after surgery for other conditions*
                 Z87.12   *Personal history of colonic polyps*

                 32090-00 [905]   *Fibreoptic colonoscopy to caecum*

Example 2: Patient admitted for a follow-up examination (cystoscopy). They had a malignant tumour of the bladder removed 6 months ago. A recurrence was found.

Codes: C67.9   *Malignant neoplasm of bladder, unspecified*
                 Z08.0   *Follow-up examination after surgery for neoplasm*

                 36812-00 [1089]   *Cystoscopy*

Screening for specific disorders (ACS 2111)

A screening examination is a test for disease in a person without symptoms. Some patients undergoing screening examinations may have certain risk factors for disease, e.g. family history of cancer.

If a patient is admitted for a screening examination and the disease for which the patient is being screened is **not detected or has never been detected**, then a code from one of the following categories will be assigned as principal diagnosis:

Z11 **Special screening examination for infectious and parasitic diseases**
Z12 **Special screening examination for neoplasms**
Z13 **Special screening examination for other diseases and disorders**

If the disease for which the patient is being screened is detected, then a code for the disease will be assigned as the principal diagnosis. A code from Z11, Z12 or Z13 **is not** required in these cases.

Codes from categories Z11, Z12 or Z13 are **not assigned** in the following circumstances:

- Follow-up examinations
  (coded as per ACS 2113 *Follow up examinations for specific disorders* - see previous page)
- When a symptom or sign is the reason for examination
  (coded to the appropriate symptom or sign)

Example 3: Patient admitted for colonoscopy due to family history of colon cancer and **no** abnormality was found.

Codes: Z12.1   *Special screening examination for neoplasm of intestinal tract*
               Z80.0   *Family history of malignant neoplasm of digestive organs*

               32090-00 [905]   *Fibreoptic colonoscopy to caecum*

Z48.8 Other specified surgical follow-up care (ACS 2103)

ACS 2103 ADMISSION FOR CONVALESCENCE / AFTERCARE

When a patient is transferred from one hospital to another with a diagnosis of 'postoperative convalescence' and it is clear the patient is still receiving active treatment, assign as principal diagnosis code Z48.8 *Other specified surgical follow-up care*. The condition which required surgery should be an additional diagnosis code.

When a patient is transferred from one hospital to another following surgery, assignment of the principal diagnosis will be based on the reason for transfer (see also ACS 0001 *Principal Diagnosis* for definition of principal diagnosis). It is important to establish the reason that the patient was transferred:

- For continuing care/treatment of the <u>condition</u> that required surgery at the transferring hospital or care/treatment of another coexisting condition.
- For post-operative convalescence of aftercare <u>following surgery</u>.

Quite often patients are transferred to another hospital after surgery to be closer to home or due to lack of beds available at the hospital where the surgery was performed. The patient is receiving active treatment for their <u>post-operative status</u> (e.g. wound checks, change of dressings, etc) rather than receiving active treatment for the <u>condition</u> that required surgery.

Example 4: A 65-year-old male is admitted to Hospital A with chest pain. He is transferred to Hospital B (as Hospital A does not have suitable facilities) where a diagnosis of CAD is made and an angioplasty is performed. The patient is transferred back to Hospital A (where his bed was kept for him) and he received ongoing post-operative care without complication. He was discharged home 4 days later.

Codes for second admission to hospital A:

               Z48.8   *Other specified surgical follow-up care*
               I25.1-   *Atherosclerotic heart disease*
               Z95.5   *Presence of coronary angioplasty implant and graft*

Note: Z48.8 Other specified surgical follow-up care is assigned as PDx in this case as the patient was re-admitted for surgical follow-up care rather than continuing care for CAD.

Cracking the Code

A selection of queries from recent courses and workshops.

Castleman's Disease

What is the code for Castleman's Disease?
Castleman's Disease is a rare disorder characterised by non-cancerous (benign) tumours that may develop in the lymph node tissue. Assign the following code:
D36.0 *Benign neoplasm of lymph nodes*

Permanent Pacemaker (PPM) Electrodes

What procedure code is assigned when the type of electrodes (leads) for a PPM are not specified?
Based on the information in ACS 0936 *Pacemakers*, the type of lead inserted is correlated to the type of PPM inserted.
- Single chamber ventricular PPM
  = single transvenous lead inserted into the ventricle.
- Single chamber atrial PPM
  = single transvenous lead inserted into the atrium.
- Dual chamber PPM
  = dual transvenous leads inserted into the atrium and ventricle.

Atherosclerosis of coronary artery bypass graft (CABG)

If a patient presents with atherosclerosis of a CABG and it is not documented if the CABG was autologous or nonautologous, what code is assigned?
Unless it is specified that a nonautologous CABG was performed, assign the following code:
I25.12 *Atherosclerotic heart disease of autologous bypass graft*

DHS conversion to THR

A patient is admitted for conversion of a dynamic hip screw (DHS) to a total hip replacement (THR). How is this coded?
Assign the following codes for the case cited:
49318-00 [1489] *Total arthroplasty of hip, unilateral*
47927-01 [1554] *Removal of pin, screw or wire from femur*

ORIF Intertrochanteric Fracture of Femur

What is the code for this procedure as code 47528-01 [1486] Open reduction of fracture of femur with internal fixation excludes that of proximal femur?
Please see the following Index (Vol.2) entry:
Reduction
- fracture (bone) (with cast) (with splint)
- - femur (closed)
- - - with internal fixation (cross) (medullary)
- - - - trochanteric
The correct code for the case cited is:
47519-00 [1479] *Internal fixation of fracture of trochanteric or subacapital femur*

Follow-up examination

A patient is admitted for follow-up examination after surgery and chemotherapy for a neoplasm. Which code from category Z08 Follow-up examination after treatment for malignant neoplasms is assigned?
Assign the following code for the case cited:
Z08.7 *Follow-up examination after combined treatment for malignant neoplasm*

Induction of Labour - Undelivered

A patient is admitted for induction of labour for social reasons. What code is assigned if she is discharged home without delivering?
Assign a code from the following category:
Z34.- *Supervision of normal pregnancy*

Methadone

What code is assigned for a patient on methadone for heroin dependence? Is code Z86.42 Personal history of drug use disorder required as an additional diagnosis to denote the patient's previous heroin use?
If the patient's methadone dependence meets the criteria in ACS 0002 *Additional diagnosis*, assign the following code:
F11.2 *Mental and behavioural disorders due to use of opioids*
Z86.42 Personal history of drug use disorder is not required in this case, as this code excludes current drug dependence (F11-F16, F18-19 with fourth character of .2)

Do you have a coding query?
Please email **hipecodingquery@esri.ie** or log onto **www.esri.ie**

Christmas Quiz

Using previous editions of Coding Notes (Numbers 31 - 34), answer the following questions. Entries can be emailed to **hipecodingquery@esri.ie** and the winner will be announced in the next edition of Coding Notes.

1. For 2005 the number of discharges submitted to the HIPE National File reached what milestone figure?
2. Name three of the six audit steps facilitated by the HCAT?
3. What is the activity code for hurling?
4. Name the two NCCH trainers who visited Ireland in January 2005.
5. What is the code for multiple organ failure?
6. How many attendances were there at HIPE courses in 2005?
7. What do the Irish Coding Standards complement?
8. What codes are assigned for allergic reaction to food, not further specified?

Remember all editions of Coding Notes are available on www.esri.ie

NEW WEBSITE

The ESRI has launched its new website.
Log on to **www.esri.ie/health information** to access the following features:
- Information on HIPE & NPRS
- Software support
- Download previous editions & subscribe for Coding Notes
- Ask a coding query
- And lots more….

NPRS Information Day 19.09.06

The National Perinatal Reporting System (NPRS) held an information and education day on September 19th 2006. Attendance at the day included representatives from the participating hospitals and a number of independent midwives.

Speakers included Professor Miriam Wiley, Head of Health Information & Policy Division, ESRI, Mr Hugh Magee, Senior Statistician from The Department of Health & Children and Meagan Zimbeck, EURO-PERISTAT II project coordinator from Paris. The presentations provided valuable insights into the many uses of NPRS data, including policy decisions, data analysis and research at a national and international level.

Sheelagh Bonham, NPRS Manager, presented the afternoon session focusing on issues such as reporting and data quality together with developments for the NPRS data entry system. The day proved beneficial and it is hoped that further information days and workshops will be held. Some HIPE staff in hospitals are also involved in NPRS work so please contact us if you require further information.
Please contact the NPRS Unit in the Health Policy and Information Division at the ESRI if you would like a copy of the Report on Perinatal Statistics for 2000, 2001, 2002 or 2003.

Prof. M. Wiley addresses participants at the NPRS Information Day

Training 2006 & Upcoming Workshops

2006 was another busy training year with **530** attendances at HIPE courses.

Six Basic Coding Courses (including a 2 module course) were held and attended by **79** participants.

Three Intermediate Courses were held and attended by **33** participants.

Four Refresher Courses were held in the Spring. These courses were held in Dublin, Cork, Cavan and Galway and attended by **123** participants.

Eight Specialty Workshops were held and attended by **240** participants. Topics included Diabetes, Cardiology, Nephrology, Obstetrics, Z-Codes, Orthopaedics.

Five W-HIPE Reporter Courses were held and attended by **55** participants.

Upcoming Courses

Basic and Intermediate ICD-10-AM Coding Courses

Inside this edition of Coding Notes we've included a 2007 calendar highlighting upcoming Basic and In-termediate Coding Courses and other useful information.

Please note that these courses will only be held if an adequate number of participants apply to attend so please let us know if you have candidates for any courses. As always, if you have any training requirements, please contact the HIPE Unit.

Basic Course

MODULE 1

Dates:	Tuesday, 27th February & Wednesday, 28th February, 2007
Venue:	ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

MODULE 2

Dates:	Tuesday 27th March - Thursday 29th March, 2007
Venue:	ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Intermediate Course

Dates:	Wednesday, 21st February - Friday, 23rd February, 2007
Venue:	ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Regional Workshops

If your hospital would like to host a Regional Coding Workshop, please contact Marie Glynn in the HIPE Unit.

W-HIPE Reporter Training

If you require training in the use of the W-HIPE Reporter please contact the HIPE Unit for information on upcoming courses.

Keep in touch:

If you have any ideas for future topics for Coding Notes please let us know. Thanks and keep in touch.

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