Coding Notes

The Hospital In-Patient Enquiry
Increased use, increased importance and a higher profile

2007 has seen an increased use of HIPE as an important health policy, research and information tool. An ever growing number of HIPE data users have increased the visibility and importance of HIPE data. This increased use and visibility enhances all aspects of the work of HIPE units locally, nationally and internationally and heightens the need to ensure timely and accurate data.

To further enhance access to HIPE data a **HIPE reporter** is being launched on the ESRI website in early 2008 to enable visitors to the website run reports on HIPE data.

In addition, there are now HIPE reports for data on HIPE years from **1999 to 2004** available on the website that provide a wealth of hospital activity data spanning fifteen years. These important developments have been made possible because of the continued dedication of clinical coders to providing high quality and timely HIPE data. In 2008 the reports for 2005 and 2006 will be published.
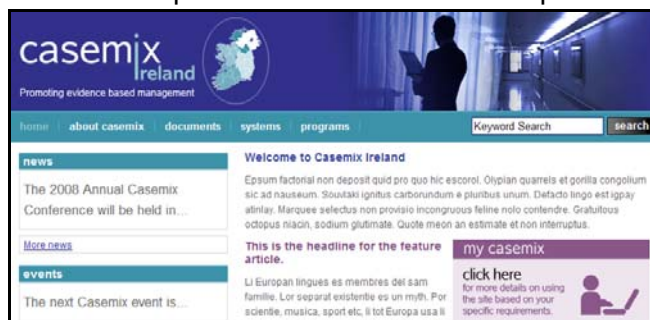
Another innovation about to be launched is the **Casemix Ireland website.** This will provide information on all aspects of Casemix in Ireland and will include a discussion forum and a library of casemix literature.

6th Edition here we come!

With HIPE going from strength to strength and increasingly recognised as the major source of hospital activity data in Ireland, the classification underpinning these data needs to develop and expand to meet the demands of the increasing complexity of services delivered by hospitals. This includes adapting the variables in use, introducing new data elements and reviewing those currently in use. In 2008 the training for **6th Edition of ICD-10-AM** will commence. This edition will come into effect in Ireland for all discharges from 1.1.2009.

Watch out in **Coding Notes** throughout 2008 for information on the update. There will be training courses held in late 2008 and early 2009 to ensure a smooth transition to this next edition of ICD-10-AM. The HIPE education calendar provides further information on the 2008 courses. There are some exciting new innovations in 6th Edition and the eBook has some great new features which will make it an even more useful coding tool.

HIPE expansion and development never stops and at the end of 2007 we would all like to thank those involved in HIPE for their continued dedication and hard work to ensure a high quality, trustworthy and timely hospital activity data set which supports hospital service development in Ireland.

Christmas arrangements in the ESRI
The HIPE & NPRS in the ESRI will close on Friday 21st December 2007 and will re-open at 9am on Tuesday 2nd January 2008
Best wishes for the festive season to everyone!

Changes to HIPE Variables 2008

Effective for all discharges from 1st January 2008, the main changes to HIPE data collection are:

1. Medical Card Number Required
2. Date of transfer to PDU explained
3. Days in a Public Bed mandatory

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H.I.P.E.

Hospital In-Patient Enquiry

2008

INSTRUCTION MANUAL

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1. Medical Card Number required

For all discharges from 1st January 2008, where a patient has a medical card number this number will also be required. The W-HIPE software has been adapted to cater for this change. Where there are difficulties collecting this number the software can allow a transitional facility for 2008 for this field to be accepted. To use this facility please contact IT at the HIPE unit in the ESRI.

2. Date of Transfer to PDU/Rehab facility within the same hospital

For all discharges from 1st January 2008 the "Date of Transfer to PDU" field has been expanded to include transfers to rehabilitation facilities within the same hospital as well as predischarge units within the same hospital. This will enable hospitals to capture patients that have been discharged from an acute care setting and admitted to a rehabilitation care setting within the same healthcare facility/hospital.

3. Days in a Public Bed mandatory

For all discharges from 1st January 2008 the collection of number of days in a public bed will be mandatory. Many hospitals already collect this information routinely. The midnight census will be used to determine the number of days spent in the relevant bed. Sameday in-patients and day cases allocated a public bed count as one (1) public day.

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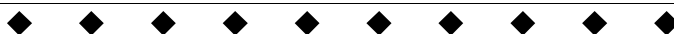
Ireland coding scheme chronology

From 1st January 2008 the HIPE Instruction Manual will list all previous coding schemes that have been used in Ireland for the collection of HIPE data. This is important information for running reports on older years.

Coding Schemes Used in Ireland

Years	Scheme
1969 – 1980	ICD-8 for Diagnosis and OPCS Procedures classification
1981 – 1989	ICD-9 for Diagnosis and OPCS Procedures classification
1990 – 1994	ICD-9-CM (Oct 88 version) for both Diagnosis and Procedures
1995 – 1998	ICD-9-CM (Oct 94 version) for both Diagnosis and Procedures
1999 – 2004	ICD-9-CM (Oct 98 version) for both Diagnosis and Procedures
2005 – 2008	ICD-10-AM 4th Edition for both Diagnosis and Procedures
2009 -	ICD-10-AM 6th Edition for both Diagnosis and Procedures

Irish Coding Standards V1.3

The Irish Coding Standards provide updated guidance and instruction that apply to all aspects of HIPE data collection. It is necessary to reflect changing medical practices and terminology and ICS V1.3 will assist coders in the assignment of accurate clinical codes.

New and revised standards

- ICS 1006 Respiratory support
- ICS 1611 Newborns admitted for observation with no condition found
- ICS 15x3 Definition of terms 'early' and 'late' used in chapter 15 of the classification
- ICS 1901 Poisoning

Clinical coding

- Emphasis is placed on the clinical record as being the primary source for coding inpatient morbidity data

<u>Version 1.3 of the Irish Coding Standards will be distributed to all HIPE users in January 2008</u>
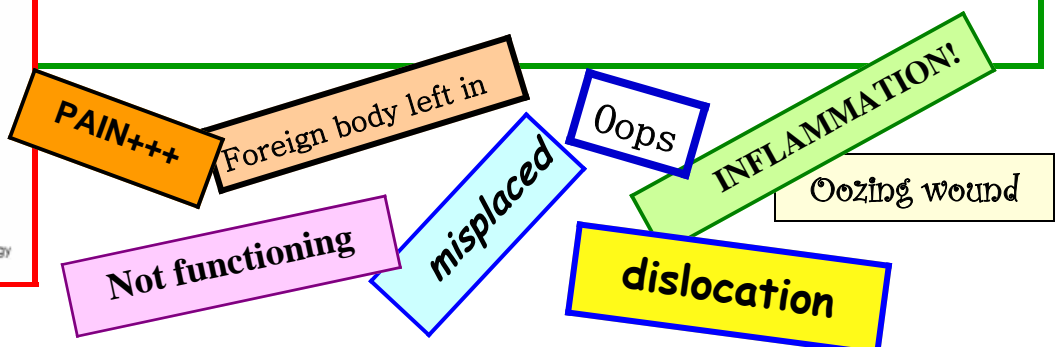
NCCH—T Code Study

The NCCH is continually working on improvements to ICD-10-AM and findings from Australian data statistics reveal the heavy use of the T80-T88, *Complications of surgical and medical care not elsewhere classified*. Because these codes indicate **other** complications it is unclear what conditions or circumstances are being assigned to these codes. The NCCH is currently conducting a survey to collect data on why coders use these codes. The results of this survey will then be used to provide greater clarity about complications in future editions**.**

Ireland would like to contribute to this survey and this could be your chance to have input to ICD-10-AM 7th Edition. The ESRI is seeking willing participants to submit the terminology, words or phrases that clinical coders find in the medical record that influence their decision to assign T80—T88 "Other Complications" codes. This is not an audit and we do not need you to submit any patient information—just the clinical words that you find documented in the medical record.

If you are interested in participating in the T Code Study please let us know by emailing your details to: **hipe@esri.ie**

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PAIN+++   Foreign body left in   Oops   INFLAMMATION!

Oozing wound

Not functioning   misplaced   dislocation

The Good Clinical Documentation Guide

The NCCH has released a second edition of the Good Clinical Documentation Guide (GCDG). This recently updated coding tool is designed to help clinicians in recognising the critical elements they need to document to reflect the patient care process. It aims also to assist communication between clinician and clinical coders and also to develop rapport between health care professionals.
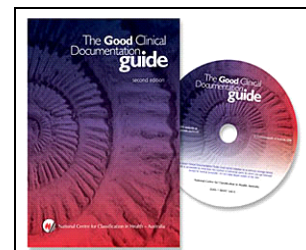
The GCDG provides general information about the requirements for good documentation, and the relationship between documentation, coding and Diagnosis Related Groups (DRGs). Specific information relevant to 22 clinical specialities helps guide and inform coders and clinicians about important issues in documentation. (*The National Centre for Classification in Health—Australia, 2007*).

NPRS report on 2004 statistics
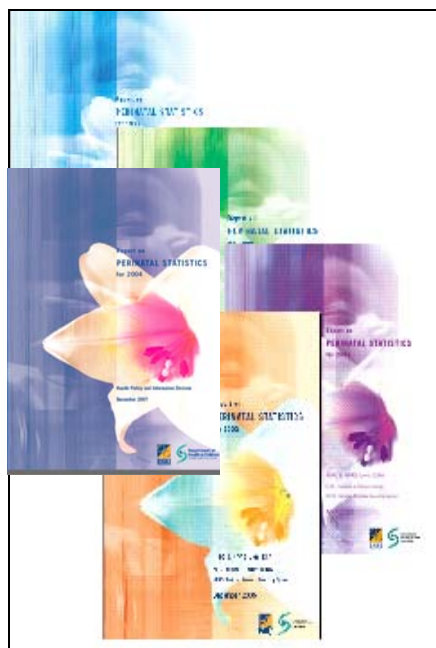
The NPRS is the **principal** source of national data on perinatal events in Ireland. It is recognised as an important database both nationally and internationally. Quality, audit & reporting remain primary objectives for NPRS and continue alongside data collection development. The NPRS data is compiled from the Birth Notification Forms (BNF) which are completed in the hospitals and by independent midwives. The BNF is linked to the birth registration process, thus ensuring 100% coverage. Clinical information is collected in NPRS using ICD-10.

The 2004 report on perinatal data from the NPRS at The Health Policy and Information Division (HPID) will be published by the end of the year. This will be the sixth annual *Report on Perinatal Statistics* produced by HPID since taking over the management of NPRS data from the Department of Health and Children in 1999. Preparation of the 2005 report is underway and the 2006 report will follow during 2008. Published reports are available from the division and the ESRI website.

Towards Computerisation

With over 60,000 births in Ireland each year, many reported through a paper based process, the NPRS & IT teams here at the ESRI are working towards the development of a computerised collection system and have implemented many innovations and developments to the system towards this goal in recent years with several hospitals now submitting data electronically. NPRS is a smaller database than HIPE but works closely with HIPE coding and IT teams in developing this database. Software expansion & enhancements continue with on-going progress towards full electronic data transfer.

Coding Guidelines

Diabetic Foot

The code E1-.73 *Diabetes mellitus with foot ulcer due to multiple causes* should be assigned only when a patient has diabetes mellitus with an ulcer or infection of the **foot** and peripheral and/or neurological complications and/or other distinct clinical factors (as per ACS 0401 *Diabetes mellitus*).

An ulcer of the buttock or hand, for example, would not qualify for the assignment of E1-.73 *Diabetes mellitus with foot ulcer due to multiple causes*. Documentation of 'ulcer of ankle' in a patient who meets the other qualifying criteria for diabetic foot, should be clarified with the treating clinician as to whether the diagnosis of 'diabetic foot' is appropriate. (*Coding Matters, Volume 8, Number 4*)

> **Whilst the code titles listed under point 1 in the 'Diabetic foot' section of the ACS 0401 contain references to 'limb' or 'lower limb', the actual condition must be of the foot to qualify for the criteria of 'diabetic foot'.**

Example 1:
Type 2 diabetic with infected foot ulcer, and history of amputated toe. Swab showed staph aureus.

Codes:
E11.73	*Type 2 diabetes mellitus with foot ulcer due to multiple causes*
B95.6	*Staphylococcus aureus as the cause of diseases classified to other chapters*
Z89.4	*Acquired absence of foot and ankle*

Example 2:
Large ulcer on lower leg, requiring daily dressings. Patient has Type 2 Diabetes, and PVD. Has been taking oral insulin for the last 4 months.

Codes:
E11.69	*Type 2 diabetes mellitus with other specified complication*
L97	*Ulcer of lower limb, not elsewhere classified*
E11.51	*Type 2 diabetes mellitus with peripheral angiopathy, without gangrene*
Z92.22	*Personal history of long term (current) use of other medicaments, insulin*

U73.8 Other specified activity

Activity code U73.8 *Other specified activity* can be assigned when there is enough documentation to adequately specify an activity (and it does not fit into sport, leisure or work). Therefore 'attempted suicide' and 'children playing' fall into this category - although not exclusively (as previously stated in January 2005 update education). If the activity is not known or unspecified then assign U73.9 *Unspecified activity*.

Example:
8 year old female brought in by ambulance, from home. She was playing in garden and tripped over the cat. Xray revealed greenstick fracture of the (R) tibia, shaft.

Codes:
S82.28	*Other fracture of shaft of tibia*
W01.1	*Fall on same level from tripping*
Y92.09	*Other and unspecified place in home*

Cracking the Code

A selection of ICD-10-AM related queries

PEG Site MRSA Infection

How is a PEG tube site with MRSA (methicillin resistance) infection coded?

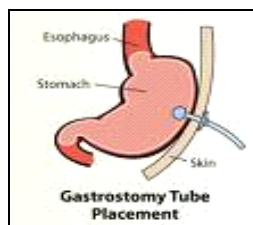When infection of PEG site with MRSA is documented assign codes:

T85.78 *Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts*

Z22.3 *Carrier of other specified bacterial disease*

Z06.32 *Methicillin Resistant*

Y83.3 *Surgical operation with formation of external stoma*

Y92.22 *Place of occurrence, health service area*

Percutaneous gastrostomy (PEG)

Lexapro

Lexapro is not listed in the table of drugs or chemicals, is this known as something else?

Lexapro is an antidepressant, please use the look up of antidepressant, NOS in the table of drugs and chemicals.

CADASIL

What is the code for CADASIL (cerebral autosomal dominant arteriopathy with subcortical infarction and leukencephalopathy) disease?

There is no single specific code for CADASIL. Clinical coders should be aware that syndromes listed in ICD-10-AM are not always exactly the same as the way they are described in a clinical record. Therefore coders will need to follow the guidance given in ACS 0005 *Syndromes*, and code out the components of the disease:

I77.9 *Disorder of arteries and arterioles, unspecified* (Cerebral Autosomal Dominant Arteriopathy)

I61.0 *Intracerebral haemorrhage in hemisphere, subcortical* (Subcortical Infarcts)

G93.4 *Encephalopathy, unspecified* (Leukoencephalopathy)

Q93.8 *Other deletions from the autosomes,* may be assigned as an additional code to indicate the type of genetic abnormality.

Fracture of petrous bone with cortical contusions

How is a fracture of left petrous bone just anterior to the left external autitory canal with cortical contusions coded?

For the case cited we would suggest the following code:

S02.1 *Fracture of base of skull*

The cortical contusions would not be coded.

Buttonhole Dehiscence

The patient failed to advance in the first stage of labour due to Buttonhole Dehiscence. The patient had a previous caesarean section in 2002; and then went on to have emergency section. How is this coded?

Buttonhole dehiscence is an opening of the uterine scar following previous surgery, assign:

O71.1 *Rupture of uterus during labour*

O34.2 *Maternal care due to uterine scar from previous surgery*

O62.2 *Other uterine inertia,* for the failure to advance

Temporary Leave Days

How do you record temporary leave days for a patient who was sent home a few times during their episode of care (not discharged)? They were sent home over night on one occasion, then for two nights. Three days was the maximum they were sent home for.

Because the patient was not discharged on any of these occasions the date of admission and discharge is not be altered. Add up the number of days the patient was absent from the hospital and enter it on W-HIPE in the box provided for temporary leave days. When a patient is absent for more than 3 days at one time and not discharged please contact the ESRI HIPE & NPRS Unit.

Insert the **total** number of temporary leave days that were accumulated during **one episode of care.**

CT Abdominal/pelvis/chest

When there is a CT of abdo and chest and pelvis done at the same time do I need to code these as separate procedures?

No. There is a combined code for computerised tomography (CT), block **1961.**

56801-00 *Computerised tomography of chest, abdomen and pelvis*

56807-00 *Computerised tomography of chest, abdomen and pelvis with intravenous contrast*

Index look up:

Tomography NEC
- computerised (axial) (CT) (quantitative)
- - abdomen (without contrast)
- - - and
- - - - chest (without contrast)
- - - - - with intravenous contrast (without, then with, intravenous contrast)
- - - - - and pelvis (without contrast)

Intellectual disability/impairment

One of the doctors at my hospital writes intellectual disability, I can't find this in the index what code do I use?

ACS 0531 Intellectual disability/intellectual impairment states that the terms intellectual disability and mental retardation are interchangeable and an appropriate code from F70–F79 *Mental retardation* should be assigned. Therefore when you see the term intellectual disability documented you will need to locate the lead/main term retardation.

Retardation
- mental
- - mild (IQ 50–69)
- - moderate (IQ 35–49)
- - profound (IQ under 20)
- - severe (IQ 20–34)
- - specified NEC

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

hipecodingquery@esri.ie

To answer your query accurately we need as much information as possible so please use the **Coding Help Sheet** as a guide to the amount of detail required.

ICD-10-AM 6th Edition Coding Notes Competition

Goodbye!

4th Edition

Out with the old...

Ireland is changing over to ICD-10-AM 6th Edition in January 2009 and we need a catchy slogan that represents this exciting new edition. Here is your chance to exercise your creative talent by writing a slogan for 6th Ed. The winning slogan could be used for the introduction of 6th Edition in Ireland and the winner will receive a prize.

ICD-10-AM 6th Edition needs a... *SLOGAN*

6th Edition

...and in with the new

**Good Luck!
The winner will be announced in the next edition of Coding Notes.**

Please address and post or email your slogan to:
Coding Notes Competition

Post: Health Policy & Information Division, ESRI Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Email: terry.dymmott@esri.ie

Training 2007 & Upcoming Workshops

2007 was another busy training year with **623** participants attending various HIPE Coding, HCAT, Audit and Data Quality courses. We would like to thank you all for participating and we look forward to seeing you in 2008.

One Medical Terminology / Anatomy and Physiology course was held at the ESRI and attended by **46** participants. Further courses in this area are planned and will be advertised in **Coding Notes**.

Twenty four participants attended both modules of the **Basic Coding Courses (Modules 1 & 2)** which were held 3 times during 2007. Two **Intermediate Courses** were held in 2007 and attended by **24** participants.

ICD-10-AM Module 2 Workshop, ESRI December 2007

Seven **Specialty Workshops** were held at the ESRI and attended by **118** participants. Topics included Obstetric, Gynaecology, Neonates, Diabetes and Neoplasms. Z Codes were also covered in specialised workshops.

Regional and local hospital visits were held throughout Ireland in many locations including Cork, Galway, Waterford, Sligo and included education and information on a range of topics including Diabetes, Cardiology, Paediatrics, Neoplasms, Poisoning & Adverse Effects of Drugs Diabetes, Cardiology, Paediatrics, Neoplasms, Poisoning & Adverse Effects of Drugs.

Basic ICD-10-AM Coding Courses 2008

Module 1

Dates: 26 - 27 February
13 - 14 May

Module 2

Dates: 1 - 3 April
10 - 12 June

Venue:

ESRI, Whitaker Square,
Sir John Rogerson's Quay
Dublin 2

Intermediate ICD-10-AM Coding Courses 2008

Dates:
19 - 21 February
19 - 21 August

Venue:
ESRI, Whitaker Square,
Sir John Rogerson's Quay, Dublin 2

Specialty Workshops / Refresher Workshops 2008

Specialty workshops and refresher workshops will be announced subject to demand. If you would like a specialty/refresher workshop held in your region please contact the HIPE unit with your request. Forward your email to: marie.glynn@esri.ie

ICD-10-AM 6th Edition Education

The 6th Edition education will be delivered in 3 phases:

Phase 1—Information - 2 day workshops, late 2008
Phase 2— Implementation, early 2009
Phase 3—Post-Implementation, mid 2009

Keep in touch:

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

Terry Dymmott, HIPE & NPRS Unit, ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2