



Coding Notes



HIPE & NPRS Unit
Health Research
& Information
Division

Issue Number 43
December 2008

6th Edition Education

All patient discharges on and after 1st January 2009 will be coded in 6th Edition and training is well underway to ensure all involved in HIPE data collection are ready for this new and enhanced version of the classification.

Phase 1 Introduction Autumn 2008

Phase 1 Introduction to 6th Edition is now complete and all courses were very well attended. We would like to thank all the participants who helped ensure the success of these information days.

The Introduction Course addressed some of the major coding changes and was aimed at eliminating any coding concerns coders may have about the move to 6th Edition in 2009. There were many interesting questions raised and answered throughout the courses and the general consensus from the coders



Participants at Phase 1 Introduction Course, Dublin 2008

is that 6th Edition will be a much welcome change and all are keen to begin using the new classification.

Phase 2 Two-Day Implementation Workshops January - February 2009

The **two – day Phase 2 Workshops** will take place in January and February 2009 (*see back page for workshop venues and dates*). We are delighted to welcome back Linda Best who presented at the 2005 education courses. Linda will again assist with this phase of the education.

The workshops will build on the information provided in Phase 1 and will have further materials and plenty of coding exercises to help reinforce the new changes. Coders will be able to work in small informal groups to complete the exercises with assistance from the trainers if needed.

A coding quiz has also been incorporated into the workshop with a prize awarded to the winning team of the day. The fun quiz is based on information that will be discussed throughout the workshop.

We look forward to the next phase of 6th Edition Education and to seeing you all again at the Phase 2 workshops.

Book Reminder



Please remember to bring along the 6th Edition ICD-10-AM/ACHI/ACS books to the workshops.

If you have not yet registered for a **Phase 2 Workshop** please contact Rachel Joyce, (01) 863 2131. If you have any questions please do not hesitate to contact us.

We would all like to thank you for your continued cooperation and help in 2008 and we wish you a very Happy Christmas and a Peaceful New Year.

Inside this issue:

| | |
|-----------------------------|---|
| 6th Edition Education | 1 |
| NPRS 2006 Report | 2 |
| HIPE Data Quality | 2 |
| 2006 Annual Report | 3 |
| HIPE Variables Changes | 4 |
| 2007 National File Closure | 4 |
| Irish Coding Standards | 6 |
| 6th Edition coding queries | 7 |
| Training & Upcoming Courses | 8 |



Christmas arrangements in the ESRI

The HIPE and NPRS Units in the ESRI will close at 1pm on Wednesday 24th December 2008 and will re-open on Monday 5th January 2009





Perinatal Statistics Report 2006

The National Perinatal Reporting System (NPRS)

The NPRS collects and reports on every birth that occurs either in hospital or at home in Ireland. The **2006 Report** on perinatal data from The Health Research and Information Division (HRID) of the ESRI, will be published this month. For 2006 the NPRS reports almost 66,000 births, which is an increase of 21% since 1999, when the HRID took over the management of NPRS data from the Department of Health and Children.



NPRS Information and Education Day

NPRS held an Information and Education day at the ESRI in October. Attendance at the day included representatives from the participating hospitals and a number of independent midwives. Speakers included Carmel Cullen & Derek Doyle from **Health Atlas Ireland**, Anne-Marie Brooks from the **Office of the Minister for Children** and Dr. Helen McAvoy from the **Institute of Public Health**. Their informative and interesting presentations highlighted the many uses of NPRS data, including policy decisions, data analysis and research at a national level.



Brian McCarthy and Sheelagh Bonham presented the afternoon sessions. Brian showcased developments in the NPRS, specifically regarding electronic data collection. Sheelagh focused on issues relating to data submission and data quality. The day proved very successful and it is hoped to continue holding further information days biennially.

Left to right:

Barbara Clyne, Shane McDermott, Sheelagh Bonham, Catherine Glennon, Brian McCarthy and Anna Lachacz.

All NPRS reports may be downloaded at www.esri.ie

HIPE Data Quality through local and national co-operation

Coverage of HIPE data has improved over the last number of years and this has also highlighted the equally important issue of data quality. The key to ensuring accurate data is to follow coding guidelines, attend training, refer to training material and perform regular reviews of coded data. Many hospitals perform regular checks on HIPE data to ensure their own high standards of accuracy. The HIPE Unit at the ESRI also carry out complementary reviews on the data and these checks are constantly reviewed and updated. In addition to validation edits at data entry level, HIPE data from all hospitals are routinely passed through a set of standardised checks. New software will be released shortly to facilitate hospitals to run these checks in an efficient manner locally. Data quality checks are performed on current and older years to ensure accuracy of data for the HIPE data reports (available at www.esri.ie).



AR DRG Review

Data quality reviews of pre-MDC, AR-DRGs and Error AR DRGs are an effective data quality exercise and we recommend that all hospitals review data using these tools. Cases in "error AR DRGs" are not necessarily incorrect but there is something atypical in the coding of the case where the chart may need to be reviewed to ensure the coding is accurate. Cases in the pre-MDCs, including those with procedures such as ventilation, transplants and tracheostomies, are important to monitor. Review at chart level may be required to ensure the coding is accurate. The AR DRG manuals provide detailed information on the grouping of this type of activity.

Audit and random reviews

A review of a random selection of coded cases is an important part of coder education, especially for new coders (e.g. print out a random selection of cases using a detailed patient report). The ESRI perform this type of review for all new coders. General checking lists are produced, reviewed and sent out to hospitals. The HIPE Coding Audit Toolkit (HCAT) is also available for hospitals.

The Data Quality Checks Workbook

The Data Quality Checks Workbook will be updated for 6th edition and will be issued shortly to all hospitals.

It is equally important to monitor data quality as well as meet deadlines in order to achieve the goal of timely and accurate hospital activity data.

If you have any queries, suggestions, data quality checks, edits or the HCAT please contact us.

Activity in Acute Public Hospitals in Ireland 2006 Annual Report

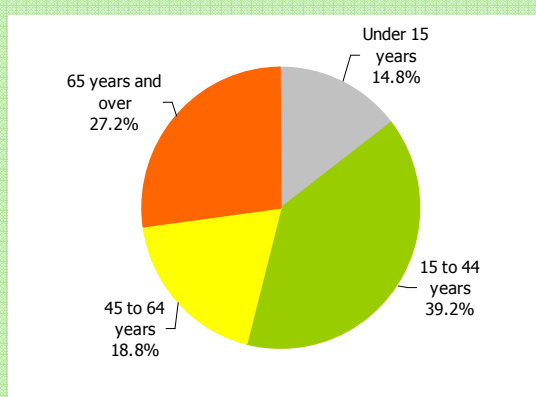
This year will see the on-line publication of the Annual Reports for 2005 and 2006 for Activity in Acute Public Hospitals in Ireland.

These reports provide extensive analyses of hospital activity and showcase the work carried out by clinical coders across all hospitals participating in HIPE. Work on the 2007 report will commence early in 2009 and it is requested that all outstanding discharges and corrections be returned to the HIPE Unit ESRI in the end of January exports.

Summary of findings in 2006 Report

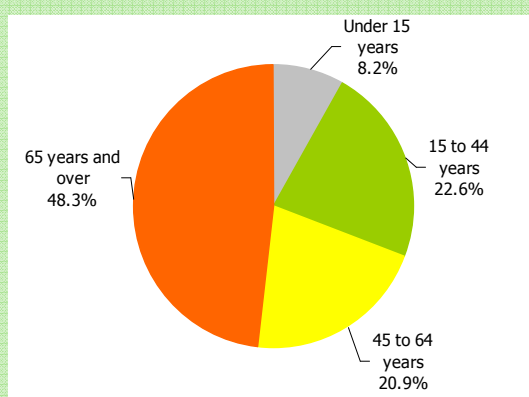
- * HIPE reported 1,244,890 discharges of which 53.2 per cent were day patients and 46.8 per cent were in-patients. The increase in day case activity can be attributed to the collection of all day patient radiotherapy and dialysis encounters using the batch coding facility.
- * Average length of stay was 6.3 days for in-patients.
- * 69.2 per cent of in-patients were admitted as emergency in-patients.

Figure 1: In-Patient Discharges by Age group



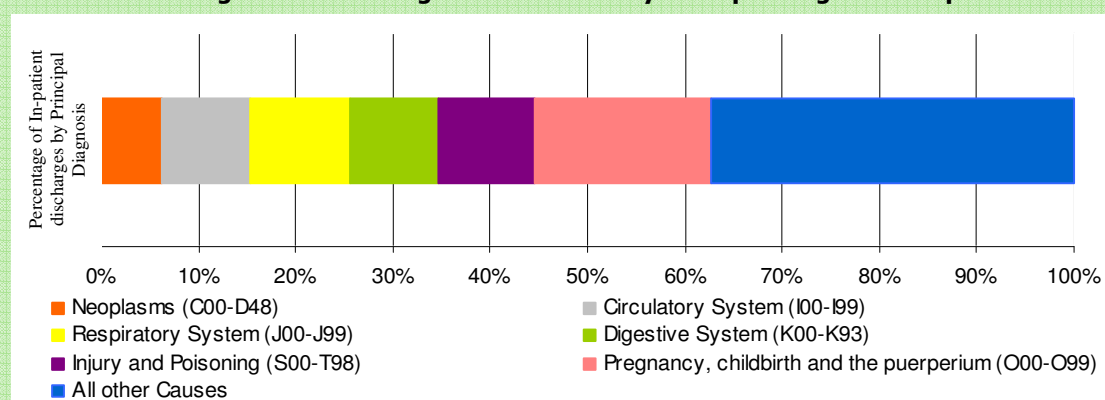
The largest proportion of in-patient discharges was in the 15-44 year age group.

Figure 2: In-Patient Bed Days by Age group



The largest proportion of in-patient bed days were accounted for by the 65 years and over age group.

Figure 3: Percentage of In-Patients by Principal Diagnosis Chapters



- * Principal procedures were recorded for 984,644, or 79.1 per cent of all discharges.
- * The most common AR-DRG for day patients was 'Admit for renal dialysis' (L61Z) and the most common AR-DRG for in-patients was 'Vaginal delivery without catastrophic or severe complications and/or co morbidity' (O60B).

All published HIPE reports may be viewed and downloaded from:

http://www.esri.ie/health_information/latest_hipe_nprs_reports/

2005 & 2006 Annual Reports contain ICD-10-AM coded data.

HIPE Data Variable Changes



Changes to HIPE Variables 2009

Effective for all discharges from 01.01.2009, the main changes to the HIPE data collection are:

1. Maternity Admission Types

All maternity admissions which previously would have had an admission type of either 3 or 6 will have a value of **6** from 2009 onwards. From 01.01.2009 the two admission types of "3 Elective Maternity" or "6 Emergency Maternity" are going to be replaced by a single option as "6 Maternity".

2. Primary Consultant

From 01.01.2009 the primary consultant will be included in the download transfer.

3. Adoption of the 6th Edition of ICD-10-AM/ACHI/ACS

From 01.01.2009 all cases discharged in the W-HIPE system will be coded using the 6th Edition of the ICD-10-AM/ACHI/ACS coding scheme.

The new 2009 HIPE Instruction Manual is being sent to all HIPE hospitals.
All instruction manual are available on www.esri.ie

H.I.P.E.

Hospital In-Patient Enquiry

2009

INSTRUCTION MANUAL

01.01.09

HIPE Unit, Health Research & Information Division,
ESRI

2007 National File Closure

The 2007 HIPE National File will close at the end of January 2009

- Please make sure that **all 2007 discharges are coded**
- Please ensure that **any additions or outstanding corrections on 2007 discharges are included in the end of January 2009** HIPE export.
- HIPE hospitals are currently being **contacted** to ensure that all the relevant collected data are submitted **prior to the closure of 2007**

HIPE Data Variables 2008 Editions

Three editions of the Instruction Manual were issued in 2008. The updates throughout the year reflected the changes that occurred in the collection of HIPE data. It is important that you retain these manuals within an ICD-10-AM Fourth Edition Archive Pack.

Thanks

The Health Research & Information Division at the ESRI would like to thank all HIPE departments for their continued hard work, especially in relation to Casemix deadlines and the closure of 2005, 2006 and 2007 HIPE files.

Many thanks for your ongoing cooperation in ensuring complete and high quality capture of HIPE hospital activity.

Christmas Quiz



**Print your name and contact details and circle the correct answer.
Post, fax or email back your answers to:**

**HIPE Unit, ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2.
Fax: 01 8632100 e-mail: hipe@esri.ie**

Your name: _____

Your contact details: _____

- | | |
|--|--|
| 1) How many bones make up the human spine? | 53 / 33 / 43 |
| 2) Plasma is not a component of blood. | True or False |
| 3) Epilepsy affects which part of the body? | Legs / Brain / Nerves |
| 4) What is the name of the acid secreted by the stomach? | Antacid / Gastric acid / Hydrochloric acid |
| 5) Ileum is the large flat part of the pelvic bone. | True or False |
| 6) Are bones involved in the production of blood cells? | Yes or No |
| 7) Skin is the largest organ. | True or False |
| 8) How many muscles are there in the human ear? | 3 / 4 / 6 |
| 9) Your thumb is the same size as your nose? | True or False |
| 10) What name is the humerus bone also known as? | Funny bone / Laughing bone / Smiley bone |



**The first correct entry wins the Christmas Quiz Prize, so be quick and get your answers to us.
Good luck!**



ESRI website

The Health Information Section on ESRI website has been updated

The ESRI website has many new user friendly features, for example the **Find it fast** section located on the side bar now allows users easy access to the more frequented sections.

- ◆ [Online Data Reporter](#)
- ◆ [HIPE](#)
- ◆ [NPRS](#)
- ◆ [HIPE & NPRS Reports](#)
- ◆ [Journal Articles](#)
- ◆ [Software Support](#)
- ◆ [Find it fast](#)
- ◆ [Latest news](#)
- ◆ [Useful Links](#)
- ◆ [Job Opportunities](#)
- ◆ [Contacts](#)

To view all the features log onto:

http://www.esri.ie/health_information/





IRISH CODING STANDARDS

Irish Coding Standards (ICS) apply to all activity coded in HIPE in Ireland and provide guidance and instruction. ICS complement the Australian Coding Standards (ACS) and are used in conjunction with the ACS. These are unique standards that address specific issues for example, *ICS 0233 Morphology*, advises coders that morphology codes are **not** assigned in Ireland.



Irish Coding Standards V2.0 - January 2009 6th Edition

ICS Version 2.0 coincides with the implementation of ICD-10-AM/ACHI/ACS 6th Edition in January 2009. All standards in V2.0 correspond to 6th Edition. Five existing standards have been revised to reflect the 6th Edition changes.

Revised standards:

- ICS 0010 General abstraction guidelines (*see examples below*)
- ICS 0042 Procedures normally not coded
- ICS 0112 Infection with drug resistant microorganism
- ICS 1006 Ventilatory support
- ICS 15X0 Principal diagnosis selection for obstetric cases

Two new standards have been created and coders are reminded that these guidelines are specific to Ireland.

New standards

- ICS 0048 Condition onset flag
- ICS 1605 Conditions originating in the perinatal period

ICS now available on
the ESRI website

ICS 0010 General abstraction guidelines - Test results

Example 1: Patient admitted for banding of haemorrhoids, procedure performed under sedation. During the admission the patient's urine microbiology result showed *e-coli* organism, also noted in the medical record was the administration of IV antibiotic. There was no written documentation of a urinary tract infection by the treating clinician.

Codes:

| | |
|-----------------|--|
| I84.2 | Internal haemorrhoids without complication |
| 32135-00 [941] | Rubber band ligation of haemorrhoids |
| 92515-99 [1910] | Sedation, ASA 99 |

Do not assign a code based on a test result.
A test result should only support a documented condition.

Example 2: Patient was diagnosed with chronic kidney disease. The eGFR pathology result showed 72mL/min.

Codes: N18.2 Chronic kidney disease, stage 2

The eGFR test result adds support to a documented condition, chronic kidney disease, therefore it is appropriate to assign a code.

4th Edition—Irish Coding Standards V1.0,V1.1, V1.2,V1.3,V1.4,V1.5

It is important to retain all existing versions of ICS (V1,2,3,4,5) as these standards are applicable to ICD-10-AM 4th Edition.



Phase 1 Introduction Course 6th Edition Questions

ACS 1006 - Ventilatory Support

Do we still need to code BiPAP and CPAP, if so how do we code it?

Ventilatory support is a process by which gases are moved into the lungs by a device that assists respiration by augmenting or replacing the patient's own respiratory effort. Ventilatory support can be administered via **noninvasive ventilation (NIV)** or **invasive - Continuous Ventilatory Support (CVS)** devices.

CPAP - Continuous positive airway pressure and BiPAP - Bi-level positive airway pressure are just two of the many different types of ventilatory support and can be administered either **noninvasively** (face mask, nasal mask or nasopharyngeal tubes) or **invasively** (endotracheal tube or tracheostomy tube).

When coding this intervention in **6th Edition** coders must be aware of how the ventilatory support is administered. If it is done via tracheostomy tube or an ETT (endotracheal tube) then regardless of the type of ventilatory support it will automatically be considered invasive (CVS).

As per the alphabetic index CVS is coded to block 569 and NIV is coded to block 570 regardless if it is BiPAP or CPAP.

Ventilation

- bilevel positive airway pressure (BiPAP) (nonintubated) — see block [570]
- - via endotracheal tube or tracheostomy (with continuous ventilatory support) — see block [569]
- continuous
- - mechanical — see block [569]
- - positive airway pressure (CPAP) (nonintubated) — see block [570]
- - - via endotracheal tube or tracheostomy (with continuous ventilatory support) — see block [569]



- * CPAP becomes invasive when the patient has a intubation or ETT inserted.
- * If no ETT or intubation is done then CPAP is non-invasive ventilation

Do you have a coding query?

Please email hipecodingquery@esri.ie or log onto www.esri.ie

Gastroenteritis

When do I start coding gastroenteritis to the new A09.x code?

In the following circumstances a diagnosis of 'gastroenteritis' will be assigned for all patient discharges beginning on or after 1.1.2009.

- * When documentation states gastroenteritis only, assign:

A09.9 *Gastroenteritis and colitis of unspecified origin.*

- * When 'infectious' is documented with gastroenteritis assign:

A09.0 *Other gastroenteritis and colitis of infectious origin.*

- * When 'non-infectious' or 'specified non-infectious' gastroenteritis is stated assign:

K52.9 *Noninfective gastroenteritis and colitis, unspecified*

OR

K52.8 *Other specified non-infective gastroenteritis and colitis*

- ♦ **Please also refer to ACS 1120 Dehydration with Gastroenteritis**

Complications of nervous system devices, implants and grafts

If a patient develops an infection from a brain (ventricular) shunt is this coded to the new T85.72 code?

Yes. T85.72 *Infection and inflammatory reaction due to nervous system device, implant and graft* is the code assigned for an infected ventricular shunt as per the alphabetic index:

Complications (from) (of)

- shunt **T85.9**
- ventricular (communicating) **T85.9**
- - - **infection or inflammation T85.72**
- - - mechanical **T85.0**
- - - specified NEC **T85.81**

You must also assign an external cause code and a place of occurrence code. For this particular query the codes assigned are:

Y83.1 *Surgical operation with implant of artificial internal device*

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



Education and Upcoming Courses 2009

2008 was another busy training year with **603 attendances** at HIPE courses. 3 Basic courses and 2 Intermediate courses were held. Module 1 of the Basic course included an introduction to the topic of Anatomy & Physiology, delivered by a Professor of Anatomy and Physiology. **Specialty workshops** were held on topics including **Obstetrics, Cardiology, Genitourinary, Respiratory, Haematology, Infectious and Parasitic diseases, Musculoskeletal & Connective tissue and the Nervous system**, and each of these workshops included presentations on the relevant body system by expert clinicians. Refresher courses were held both in Dublin and regionally, and coders of all levels of experience attended. These courses were presented via a new format and focussed on areas that were highlighted through data quality reviews. Participants also submitted topics for discussion prior to the courses. Exercises were completed throughout the course and these highlighted the importance of following the **5 Steps to Quality Coding** and excellent feedback was received by coders who commented on the benefits of going back to basics.

Phase 2 Two-day Implementation workshops

As these two-day interactive workshops consist of multiple coding examples, it will be necessary for **attendees bring along their hospital issued, hard copy books.**

DUBLIN

Venue:

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

Dates:

Tuesday 20th and Wednesday 21st January 2009

OR

Thursday 22nd and Friday 23rd January 2009

OR

Thursday 29th and Friday 30th January 2009



CORK

Venue:

Silver Springs, Moran Hotel Tivoli, Cork

Dates:

Monday 26th and Tuesday 27th January 2009



GALWAY

Venue:

Ardilaun Hotel, Taylors Hill, Galway

Dates:

Tuesday 3rd and Wednesday 4th February 2009



2009 Upcoming Courses



Basic Course 2009

MODULE 1

Dates: 24th & 25th February 2009

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

MODULE 2

Dates: 24th, 25th & 26th March 2009

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

What would you like to see in Coding Notes?

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

Terry Dymmott, Health Research & Information Division, ESRI, Sir John Rogerson's Quay, Whitaker Square, Dublin 2. Email: terry.dymmott@esri.ie