



Coding Notes



HIPE & NPRS
Unit
Health Research
& Information

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2009—Another Busy year in HIPE

Over 10 Million records in 10 Years!

Over the last ten years, the Health Research and Information Division has received 10,348,041 records from the hospitals in the HIPE project for which we congratulate all our colleagues for this significant achievement.

Education

2009 was another busy and exciting year with the successful implementation of **6th edition**, and with over **640** attendees participating in 37 HIPE courses. Everyone was pleased to see the many enhancements to the classification with 212 new disease codes and 423 new procedure codes. In particular the changes to areas including the coding of Ventilatory Support, and Pharmacotherapy and Drug Delivery Devices were welcomed. The enhancements to the e-Book were impressive, in particular the Freeze Header facility which has made navigating the tables within the classification a lot easier.

Four Basic courses and two Intermediate courses were held in 2009. The basic and Intermediate courses also included W-HIPE training, an introduction to Casemix and a presentation on applications for HIPE data. Anatomy & Physiology and speciality workshops were also held throughout the year on subjects such as Cardiovascular, Genitourinary, Digestive, Musculoskeletal Neoplasms Obstetrics, Diabetes, Pain Management & Drug delivery devices, Ventilation, Skin grafts and flaps, and each of these workshops also included presentations from experts.

Plans for 2010

The structure of the courses has been revised and this is explained on page 8 along with information on upcoming courses. With on-line training facilities now working well attendance can continue to be high and we thank all of you for your regular and enthusiastic participation in the HIPE education programme.

Data Quality and Audit

2009 To ensure HIPE is a reliable national dataset of hospital activity we incorporate data quality initiatives at each step, including training of coders, standards and edits to facilitate data extraction and coding, checks and audit at the national level. Thousands of checks and edits are in place and we continually add to these to improve data quality. In 2009, we issued close to 11,000 queries and would like to thank all for their promptness in following up on these. We stress that not all these queries require changes to the data. We also conducted seven high level audits within hospitals.

Common findings included quality of documentation, clinician involvement, coder training, coding issues and communication. Again, thanks to all involved for your support in the conduct of audits.

In 2010 we will continue with all these activities and will work on developing further initiatives to optimise timeliness and data quality. To facilitate production of reports and the expanded use of HIPE we will finalise data earlier. We will review data on a quarterly basis, accelerate our coding response time and develop summary audit report templates. We will continue training support, offer training in HCAT and Checker programme and continue the expansion and development of edits and checks. We aim to define further data quality indicators and continue to develop processes to report on the quality of HIPE data. Watch out for Data Quality meetings. This will be a forum for you to present local data quality initiatives; we will include presentations on uses of HIPE and include general discussion on data quality improvement. We welcome suggestions for agenda items to these meetings, advertised on the training calendar.



Inside this issue

2009 Review	1
Changes for 2010	2
Closure of National Files	3
Research using HIPE data	4
Coding Suspected Swine Flu	5
Cracking the Code	6
Coding Notes Competition	7
Upcoming Training Courses	8



Christmas arrangements in the ESRI
The HIPE and NPRS Unit in the ESRI will close at 1pm
on Thursday 24th December 2009 and will re-open
on Monday 4th January 2010.





Changes for 2010

ICS 02X0 Classification of Attendances at Oncology Daywards

Beginning January 2010, the following amendments to data entry for attendances at oncology day wards will be introduced.

Oncology/Chemotherapy Day Ward Flags:

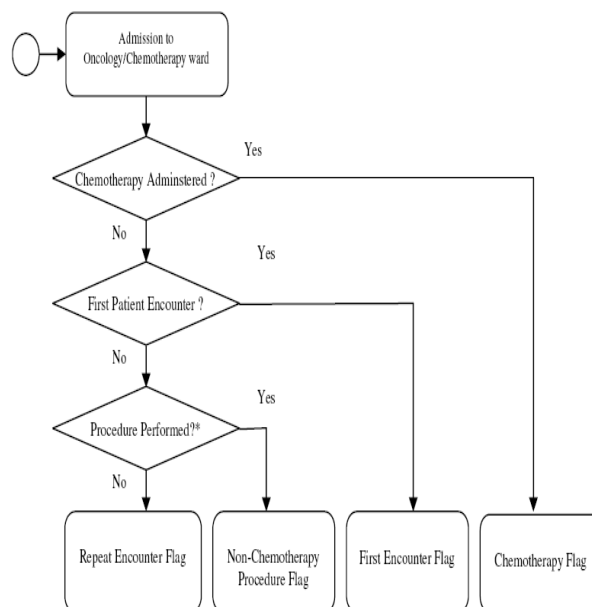
- Day case admissions for chemotherapy will be assigned a *chemotherapy flag*
- The first patient encounter as a day case in an oncology/chemotherapy ward where no chemotherapy is administered will be assigned a *first encounter flag*.
- Cases where a procedure* is performed, e.g. blood transfusions or biopsies, will be assigned *non-chemotherapy procedure flag*
- Where a patient has a repeat attendance(s) at an oncology/chemotherapy day ward and no procedure* is performed a *repeat encounter flag* will be assigned.

It is proposed to introduce this HIPE field on a pilot basis for review after 1 year.

* In accordance with HIPE procedure coding guidelines

All valid day case and inpatient activity is to be collected by HIPE and all HIPE data are subject to audit, including chart based reviews.

Decision Tree for Coding Guideline



Example 1: Repeat Encounter Flag

Patient has been attending the oncology day ward for 2 months with a diagnosis of malignant neoplasms of the colon. On this episode, the patient is admitted as a day case to the oncology day ward for review before the next chemotherapy dose is administered in two days time. Patient reviewed by clinician and oncology nurse and blood tests were performed, no other conditions are documented.

Assign: PDx: Colon cancer C18.9
No procedure code is assigned in this case
Flag: Repeat encounter flag

Example 2: Non- Chemotherapy Procedure Flag

Patient has been attending the oncology day ward regularly for chemotherapy treatments for a malignant breast cancer. On this episode, the patient is admitted as a day case to the oncology day ward for a blood transfusion for documented anaemia in neoplastic disease.

Assign: PDx: C50.9 Malignant Neoplasm, breast unspecified site
Addnl Dx: D63.0 Anaemia in neoplastic disease
Procedure: [1893]13706-01 Administration of whole blood
Flag: Non-chemotherapy procedure flag



Closure of National Files



The 2008 HIPE file will be closing at the end of 2009.

Thank You!

The 2009 HIPE file will close in June of 2010.

Many thanks to all coders for their continued cooperation with HIPE deadlines and coverage matters. Timely and accurate capture of HIPE data ensures that it can be used with confidence for a wide range of health service management, clinical and epidemiological applications.

Virtual Meetings

In 2009, the Health Research & Information Division started using virtual meeting tools to overcome some of the challenges of distance to save time and travel expenses. We held a series of introductory sessions and then delivered three training sessions followed by a Data Quality Meeting. With over 40 participants joining the on line sessions we have received very positive feedback, and therefore we will endeavour to increase the use of this facility in 2010.

If you would like to participate in an introductory session to virtual meetings, please contact Rachel Joyce at the Health Information & Research Division, ESRI.



HIPE Instruction Manual 2010

The new HIPE Instruction Manual will be available on our website from January 2010. Please make sure you download and print a copy for reference.

All previous instruction manuals are available on
www.esri.ie.

H.I.P.E.

Hospital In-Patient Enquiry

2010
INSTRUCTION MANUAL

01.01.10

HIPE Unit, Health Research & Information Division,
ESRI.



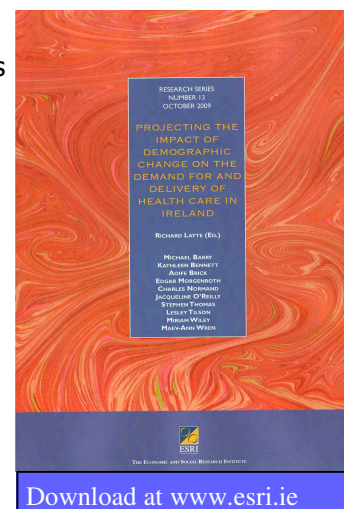
Projecting the Impact of Demographic Change on the Demand for and Delivery of Healthcare in Ireland

On 21st October the ESRI hosted a conference to mark the launch of a new report, carried out by researchers from the ESRI and Trinity College Dublin, which examines the impact of demographic change on the demand for and delivery of healthcare in Ireland to 2021. This important study, funded by the Health Research Board and the Health Service Executive, combines population projections with current patterns and recent trends in healthcare utilisation, to map out a number of future scenarios for healthcare in Ireland. Many of the researchers used HIPE data for their analyses.



Ms. Jacqueline O'Reilly, Dr Aoife Brick, Prof. Richard Layte (ESRI), Ms. Mary Harney TD, Minister for Health and Children, Ms Maev-Ann Wren and Dr. Kathleen Bennett, (TCD)

This report estimates the impact of demographic change on the demand for and delivery of health care in Ireland. A growing and ageing population will require a significant reconfiguration and intensification in the use of health care resources. The analyses show that current healthcare practices will become increasingly unsustainable in the face of demographic change. The findings suggest a number of developments that need to occur in order to successfully shift the emphasis of care from acute hospitals to primary, continuing and community care. Such a transition will be challenging given the changing demographic structure in Ireland.



Some key findings from the report:

Projected demographic trends in Ireland

- The population of Ireland - 4.2 million in 2006 will increase to 5.1 million in 2021
 - Aged 65+ will increase from 11% to 15.4% of the population
 - Aged 85+ will double from 1.1% to 2.1% of the population(Layte, Morgenroth, & Normand, 2009)

Acute Public Hospital Services: Challenges for Reform in the Context of the 'Preferred Health System'

Miriam Wiley, Jacqueline O'Reilly and Aoife Brick (ESRI)

10% of patients accounted for almost 50% of inpatient bed days in 2006. These so called 'high users' were older, poorer, sicker and more likely to be medical card holders than other users.

Day case rates vary across procedures within hospitals and by procedure across hospitals. While recognising that greater use of 'day case' procedures could improve efficiency in Irish acute public hospitals, the achievement of this objective may necessitate customisation of this policy for individual hospitals and for specific procedures.

There is considerable variation in average length of stay across hospitals and hospital groups. After controlling for a range of relevant patient characteristics, voluntary and special hospitals were shown to have a higher than expected average length of stay while regional and community hospitals had shorter stays than expected. Shifting the emphasis of care from acute hospitals to primary, community and continuing care services will be challenging. This transition will require a program of reform targeted at individual hospitals and specific procedures to increase day case rates. The fact that variation in length of stay is higher in voluntary and special hospitals requires further assessment. The finding that patients with long lengths of stay are often older medical card holders suffering from multiple chronic conditions means that responses will need to recognise the complex health needs of this group. (O'Reilly, Brick, & Wiley, 2009). The full report is available for download at http://www.esri.ie/publications/latest_publications/

Other Research in 2009 using HIPE data

This year has seen the publication of the Annual Report for 2007 for Activity in Acute Public Hospitals in Ireland. Work on the 2008 Annual Report will commence in early 2009. We also continue to provide data to external sources working across a range of sectors. HSE, HIQA and the Health Research Board are amongst some of the agencies that use the HIPE data as an input to their work. HIPE reports and the availability of the online reporter have made the HIPE data more accessible, and the availability of the interactive online data request form has assisted the process of requesting more detailed HIPE data. All of these sources can be found via the following link:

http://www.esri.ie/health_information/hipe/hipe_data/accessing_hipe_data/

Coding Guidelines



Suspected Swine Flu

Only **confirmed** cases of swine flu are coded to J09 *Influenza due to identified avian influenza virus*, with an additional code of Z29.0 *Isolation*.

For cases described as 'suspected' or 'probable' and patient is treated for swine flu, but **not confirmed** by laboratory testing, assign: **J11. - Influenza, virus not identified & Z29.0 Isolation**

Example 1:

Patient admitted with flu-like symptoms including sore throat, coughing, fever, headache, and muscle pain. Documentation in chart states 'probable swine flu', the patient was treated for swine flu and was isolated. Laboratory tests did not confirm swine flu.

Codes:

J11.1 *Influenza with other respiratory manifestations, virus not identified*

Z29.0 *Isolation*

Example 2:

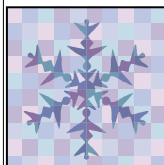
Patient admitted with flu-like symptoms including sore throat, coughing, fever, headache, and muscle pain. Documentation in chart states 'probable swine flu', the patient was treated for swine flu and was isolated. Laboratory tests were positive for swine flu.

Codes:

J09 *Influenza due to identified avian influenza virus*

Z29.0 *Isolation*

This advice is specific to cases of suspected swine flu. Please refer to ACS 0012 Suspected Conditions for other conditions.



Coding Notes Index

The Coding Notes Index has been updated to include Coding Notes articles up to December 2009 (including this issue).

The Index can be a very useful tool for finding previous articles published in Coding Notes. It is recommended that coders refer to the Index before submitting coding queries to the ESRI, as helpful advice may have been published in previous issues of Coding Notes.

The Index is divided into two sections: **Classification** and **General HIPE Information**. Over 300 articles dating back to 1998 are indexed, however it is important to remember that advice issued prior to 2005 will relate to ICD-9-CM. For ICD-10-AM/ACHI/ACS articles, please make sure you check if the published article relates to 4th or 6th Edition.

If you did not receive the Index along with this issue of Coding Notes, it is available on our website:
www.esri.ie/health_information/hipe/clinical_coding/coding_notes_newsletter/

All back issues of Coding Notes are also available at this website.



Cracking the Code

A selection of ICD-10-AM 6th Edition Queries



Shirodkar Suture

A pregnant patient was admitted with abdominal pain. After examination it was discovered that her shirodkar suture had fallen out, which had been inserted in a previous admission.

A shirodkar suture is a form of cervical cerclage used for the treatment of cervical incompetence in pregnancy.

We suggest assigning the following codes:

O75.4 Other complications of obstetric surgery and procedures

O34.3 Maternal care for cervical incompetence

Y83.1 Surgical operation with implant of artificial internal device

Y92.22 Health service area

Tonsillectomy

Is there a specific code for a tonsillectomy performed via Bipolar assisted Dissection.

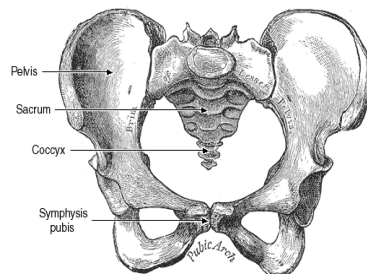
ACHI does not provide specific codes for the different methods of performing a tonsillectomy. A code from block [412] *Tonsillectomy or Adenoidectomy* is appropriate for this case depending on whether an adenoidectomy was performed at the same time.

Symphysis Pubis Pain

How should I code pain in the symphysis pubis area? The patient is pregnant.

The symphysis pubis is a joint at the front of the two large pelvic bones. Pain in this area during pregnancy usually occurs as a result of softening and separating in preparation for labour.

Assign O99.8
Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium and M25.55 Pain in joint, pelvic region and thigh.



Stent Stenosis

A coronary angiogram showed stent stenosis in the right coronary stent. How do I capture the stenosis of the stent?

There is no specific code in ICD-10-AM for stenosis of a stent. Assign:

I25.11 Atherosclerotic heart disease of native coronary artery,

with the additional diagnosis code of:

Z95.5 Presence of coronary angioplasty implant and graft, to indicate the presence of the stent.

Exposure of TVT

Patient admitted for revision of Trans Vaginal Tape (TVT) due to exposure of the tape. What diagnosis code should be assigned for this?

TVT is a minimally invasive procedure to treat female urinary stress incontinence (SUI). The TVT system combines a mesh tape, with a traditional surgical procedure known as the sling to correct SUI. The mesh is woven through pelvic tissue and positioned underneath the urethra creating a supportive sling. When pressure is exerted, such as during a cough or sneeze, the tape provides support needed by the urethra, allowing it to keep its seal.

Even though it is called trans vaginal tape, the exposure of the tape should be coded to a complication of a urinary device, as they are used to correct urinary problems. Please assign:

T83.1 Mechanical complication of other urinary devices and implants
along with the appropriate external cause codes.

Reinke's Oedema

What code should be assigned for Reinke's Oedema?

Reinke's Oedema is a fluid swelling of one or both of the vocal cords.

There is no specific code in the classification for Reinke's Oedema, this should be coded to J38.3 *Other diseases of vocal cords*

TEMS

What is the correct code to assign for TEMS - Transanal Endoscopic Microsurgery?

Following advice recently issued by the NCCH, please assign 32103-00 [933] *Per anal excision of lesion or tissue of rectum via stereoscopic rectoscopy.*

Following the index pathway:

Excision

- lesion(s)
- - rectum NEC
- - - via
- - - - stereoscopic rectoscopy 32103-00 [933]

OR

Excision

- tumour
- - rectum (per anal) (submucosal)
- - - via stereoscopic rectoscopy 32103-00 [933]

OR

Rectoscopy

- stereoscopic, with excision of lesion, per anal
32103-00 [933]

Electrochemotherapy

What code should I use for electrochemotherapy?

There is no specific code in ACHI for electrochemotherapy.

Assign an appropriate code from block [1920] *Administration of pharmacotherapy* for electrochemotherapy in same day episodes of care.

Where electrochemotherapy is used for skin lesions assign as an additional code either 30195-06 [1612] *Electrotherapy of lesion of skin, single lesion* or 30195-07 [1612] *Electrotherapy of lesion of skin, multiple lesions*, as appropriate.



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.

Coding Notes Competition



In 2009, there was over 1.3 million cases added to the National File, but what was the total number of cases added over the past 10 years???

The answer is in this issue of Coding Notes!

All correct answers will be entered into a draw for a prize in January.

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

You can email your answers to siobhan.kenny@esri.ie.

Alternatively, post them to:

Siobhan Kenny,
Health Research & Information Division
ESRI,
Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2.



New Look for Training in 2010

We reviewed the structure, content and delivery of the training provided to HIPE staff and have restructured the training and are updating training materials appropriately.

The new structure of the courses is as follows:-

Upcoming Courses in 2010

Introduction to HIPE (Previously part of Module 1)

Run over two consecutive days using **teleconferencing facilities**, this course will consist of **two 2 - hour training sessions**. This course aims to give new Coders, and other working in the HIPE system, a basic introduction to HIPE and will include training on the HIPE Instruction Manual.

Coding Skills I (Previously Module 1)

This **two day course** will be held within two weeks following the Introduction to HIPE, and will provide participants with an introduction to the ICD-10-AM/ACHI/ACS classification. An introduction to Anatomy & Physiology will be presented by an expert speaker and will also include training in W-HIPE software. Participants must complete Introduction to HIPE before attending this course.

Coding Skills II (Previously Module 2)

This **three day course** will be held approximately one month after Coding Skills I. The course will be centred on clinical coding and clinical coding guidelines. The course also includes an introduction to Casemix and W-HIPE training. Participants must complete Introduction to HIPE and Coding Skills I before attending this course.

Coding Skills III (Previously Intermediate)

Coders will be invited to this **three day course** 3-6 months after completing Coding Skills II. The course aims to consolidate training and work experience. More in-depth discussion of codes and classification guidelines will be provided in conjunction with further training on clinical specialties. Experienced Coders are welcome to attend any of the Coding Skills III courses that are advertised.

Coding Skills IV (Previously Workshops)

These are **one-day workshops** and will provide clinical and coding information on specialty areas on such as Neoplasms, Obstetrics, and Diabetes and Z-codes, and will incorporate an expert guest speaker where appropriate. Coders are invited to submit preferences for specialty workshops. Refresher courses will also be held in 2010.

Anatomy & Physiology courses

These courses will include a two hour introduction to Anatomy & Physiology of a body system presented by an expert speaker followed by one hour focussing on coding and classification guidelines.

Coding Skills III

Date: Tues 19th Jan—Thurs 21st Jan

Venue: ESRI

Introduction to HIPE

Date: Tuesday 26th Jan & Wed 27th Jan

Venue: This course will be held using a teleconferencing facility, participants **do not** have to travel to the ESRI

Coding Skills I

Date: Tues 9th Feb & Wed 10th Feb

Venue: ESRI

Coding Skills IV—Specialities to be Confirmed

Date: Tues 23rd Feb—Thurs 25th Feb

Venue: ESRI

Coding Skills II

Date: Tues 9th March—Thurs 11th March

Venue: ESRI

Introduction to Anatomy & Physiology

Date: Tues 9th Feb - 2 hr lecture with expert speaker, incorporated into Coding Skills I

Venue: ESRI

All courses are advertised in Coding Notes & HIPE staff are notified of upcoming courses by e-mail. If you would like to request training or have any suggestions for HIPE training courses, please contact the Education Manager. The 2010 Training calendar is available on our website: www.esri.ie