Coding Notes

HIPE & NPRS Unit
Health Research & Information Division
ESRI

Number 59
December 2012

2012 Review of the year

2012 saw another big increase in the use of HIPE data throughout the health system. The Department of Health and the HSE continue to use HIPE data extensively. The demands on all are increasing but while this brings extra pressure it is good to know that the hard work of all involved in HIPE is appreciated and is now recognised as vital and central to the work of clinicians, policy makers and managers alike. With the HIPE Portal now in all hospitals, its development continues through ongoing development and enhancement of its functions. New initiatives such as the 'Additional Screens', which allow clinical teams to append their data on to HIPE cases, are currently being used in over twenty hospitals. Such initiatives have been associated with an increase in engagement between HIPE and the clinical staff in hospitals, which is always to be welcomed.

There is now also the **HIPE Online Portal (HOP)** which is a new initiative developed by the Health Research & Information Division (HRID) ESRI in 2012. It allows registered users from anywhere in Ireland to securely connect to the HIPE Portal software and interrogate the national HIPE database. Presently users come from many areas including HIQA, The National Cancer Control Programme and HSE Clinical Programmes. In addition, HIPE data are available from the HIPE reporter on the ESRI website as well as individual data requests through the website. The HIPE annual report is also an important source of HIPE data.

The benchmarking reports (see Coding Notes July 2011), available through the Portal, allow peer hospitals to routinely benchmark their patient activity against equivalent hospitals. The reports contrast activity at a specialty level and allow comparison against the "Best in group" peer hospital in a wide variety of areas including age profiles, In-patient ARDRGs and diagnoses. A live version of the benchmarking reports was finalised during 2012 and this is currently being rolled out to hospitals.

Exports have changed now in that some users look at both the coded and the uncoded data. This has meant that the export must now happen after the first of the following month when all the previous month's data have been downloaded (see page 7 for further information). In order to reduce queries returned and help with data quality reviews it is recommended that data are put through the **Checker** on a monthly basis prior to export.

Data Quality continues to be a central task critical to the work of HIPE departments in hospitals and also at the ESRI. The increased use of the Checker, along with the inbuilt data entry edits and also the increased scrutiny by data users ensure that data are being constantly reviewed. The more data quality work that can be done before data leaves the hospital, the better the data for everyone. Central to good quality coded data are well trained coders who keep abreast of all guidelines and standards throughout the classification (see Pages 2, 3, 4, 6 & 7). Coding Notes is an important publication for all, to communicate both news and updates on all aspects of the system. The most recent index of **Coding Notes** is also now available on the website, giving quick access to topics covered to date.

In 2012 fifty-three coding courses and an additional 3 HIPE reporter training courses were held . We appreciate the great turnout to these courses from all HIPE hospitals. Ongoing training is critical for all involved in HIPE to ensure the highest possible standards of data quality. We encourage you to keep participating in these courses either at the ESRI or by WebEx. We would also encourage all coders to attend the **new variables** workshops in January. We can always arrange regional workshops on topics of interest or concern if that would be beneficial (see Page 8).

We hope you all have an enjoyable Christmas and a peaceful New Year and when we return in 2013 we will all be ready to face the challenges that a New Year brings. Sincere thanks for your continued support and hard work in these challenging times. It is really appreciated. Happy Christmas from all at the ESRI.

Christmas arrangements at the ESRI

The office will close at 5pm on Friday 21st December 2012 and will re-open on Wednesday 2nd January 2013.

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Changes to HIPE Variables for 2013

Effective from 1st January 2013 HIPE will collect the following information:

- Type of Elective Admission
- Specialty of Discharge Consultant
- For every record the patient's hospital of discharge will be downloaded.

In addition

- There is a change in the definition of Mode of Emergency Admission (5)

All of these variables are to be collected via the download from your hospital's patient administration system.

Type of Elective Admission

When the admission type is either **1- Elective** or **2 - Elective Readmission** the **Type of Elective Admission** is also required to indicate if the elective admission is from a waiting list or is a planned admission. It is coded as:

1 - Planned Admission
2 - Admission from Waiting List
3 - Unknown

Specialty of Discharge Consultant

The specialty of the discharge consultant will be included in the download of information to HIPE from the patient administration system. This is in addition to the collection of the specialty of the principal diagnosis consultant.

Patient's hospital of discharge

The code of the hospital that the patient is discharged from is applied using the four digit Department of Health Hospital transfer code list (see page 15 of the 2013 HIPE Instruction Manual).

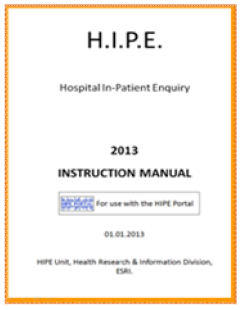
Mode of Emergency Admission 5 & AMAU title

The term Acute Medical Assessment Unit (AMAU) now includes Acute Medical Units (AMUs) and Medical Assessment Units (MAUs).

The Mode of Emergency Admission ***5 AMAU Only*** is assigned if the patient is admitted as an emergency to the AMAU and discharged from there. AMAUs may now be open overnight.

Further information on the variables is available on the Technical Documentation and File Specification sent to hospitals by the HRID, ESRI. Please ensure that you follow up with your IT Department regarding the downloading of these variables.

Training sessions on these new variables are now scheduled and all coders need to attend these (see Page 8).



All accompanying documentation will be available on the Health Information page at www.esri.ie including:

- Updated HIPE Summary Sheet (for 2013 discharges)
- Data Dictionary V4.
- The new HIPE Instruction Manual 2013 will be available on the website from January 2013.

Please download and print a copy for reference.
All previous Instruction Manuals are also available on www.esri.ie

Gastroenteritis

6th Edition ACS change

With the implementation of 6th Edition in 2009, **the coding guidelines for gastroenteritis changed.** In 4th Edition the age of the patient impacted on the code and ACS 1120 *Gastroenteritis* guided coders on how to code gastroenteritis when there was no documentation of "infectious" or "non-infectious" . However WHO changed the index default for gastroenteritis and took away any presumption of infectious/non-infectious origin. This emphasises the importance of following the 5 Steps to Quality Coding, and using the classification correctly to assign the most accurate code(s) for Diagnoses and Interventions.

In **6th Edition** gastroenteritis is coded as follows:

- If 'Gastroenteritis' is documented without further specificity, the default code is A09.9
- If 'Gastroenteritis and infectious' or 'infective gastroenteritis' is documented, assign A09.0
- If 'Gastroenteritis, non-infectious' is documented assign K52.8 or K52.9 depending on the documentation.

Coders must be guided by the documentation in the medical record and follow the alphabetic index.

Index look –up

Gastroenteritis (acute) *(see also Enteritis)* A09.9

- infectious *(see also Enteritis, infectious)* A09.0
- non-infectious K52.9
- - specified NEC K52.8

ACS 1120 *Dehydration with Gastroenteritis*

This standard is still available but it has been renamed and revised. Previously named "Gastroenteritis" in 4th edition it is now "Dehydration with Gastroenteritis" in 6th edition. All references to infectious/non-infectious and ages have been removed.

There is no differentiation between a child/teenager or adult for gastroenteritis.

Classification of Influenza Type A (H3N2)

Classification of Influenza Type A (H3N2)

To classify influenza type A (H3N2) assign the appropriate code from category J10 *Influenza due to other identified influenza virus*.

J09 *Influenza due to identified avian influenza virus* (which is to be renamed *Influenza due to certain identified influenza virus* for ICD-10-AM Eighth Edition) should not be assigned for influenza type A (H3N2). Previous advice from NCCH (2010, p. 9) instructed that this code should only be assigned for influenza virus types A (H1N1) (swine flu) and (H5N1) (avian influenza) and that additional virus strains may only be classified to this code upon recommendation from WHO.

At this time WHO has not recommended this code be assigned for influenza type A (H3N2). This will be coded to category J10 *Influenza due to other identified influenza virus*.

Source: http://nccc.uow.edu.au/icd10am/update/influenzaupdate/index.html

Hospital Acquired Diagnosis

ICS 0048 *Hospital Acquired Diagnosis (HADx) Indicator*

The collection of the Hospital Acquired Diagnosis Indicator is in line with international practice. While the variable is collected using different methods in different countries, the main aim is to try to identify conditions that were not present on admission and were acquired during the current admission. The collection of this type of information is new internationally and aspects of the collection may change over time. Currently this variable is only collected for additional diagnoses. Please refer to **ICS 0048 *Hospital Acquired Diagnosis Indicator*** for further information. The guidelines in ACS 0048 *Condition Onset Flag* may also be useful. See also the article in the July 2011 Coding Notes for more detailed information.

If you require further information on the collection of the HADx please do not hesitate to contact us.

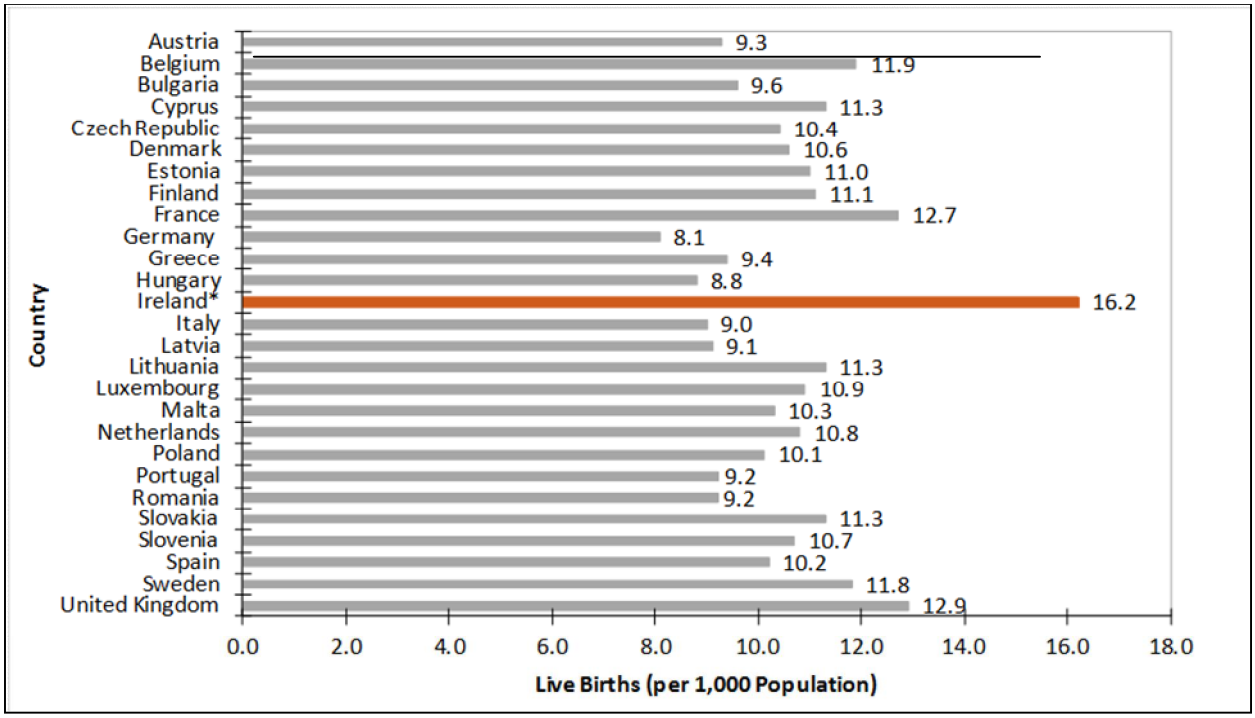
Perinatal Statistics

NPRS—2011Report

The **2011** report on perinatal data from the NPRS at The Health Research and Information Division (HRID) is being published this December.

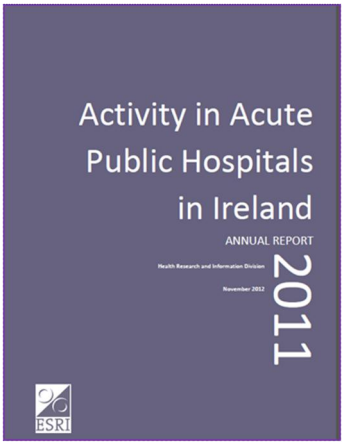
The NPRS collects and reports on every birth that occurs either in hospital or at home. This report looks at the general characteristics of infants and mothers, including infant's birthweight, gestational age and month of birth. Maternal characteristics reported include age, parity, occupation, nationality, and marital status. Analyses of perinatal care and outcomes focus on antenatal care, method of delivery, type of feeding, infant's and mother's length of stay and mortality.

For **2011**, the NPRS reports 74,377 births, which is a slight decrease of 1.6 per cent since 2010 but is over 20 per cent higher than 2002. At 16.2 per 1000 population, Ireland reported the highest birth rate of any of the 27 EU countries 2011.



Activity in Acute Public Hospitals in Ireland

2011 Report



This report presents information on coded discharges from 57 Irish acute public hospitals participating in HIPE in 2011. The report is made possible by all the hard work done by HIPE staff throughout the hospitals. At the national level, HIPE data can inform policy decisions and developments in areas such as hospital budgeting, service planning, work-load measurement etc. Information on the number of day patient and in-patient discharges, together with their demographic characteristics and geographical distribution are presented. The number and type of diagnoses and procedures reported for discharges, together with the case mix treated, are also profiled. The demographic and morbidity analyses for *Maternity* discharges are presented separately to enable a more comprehensive overview of trends. Almost one-third of total discharges were aged 65 years and older, an increase of 1.5% between 2010 and 2011 and an average annual increase of 5% between 2007 and 2011. This age group also used the highest proportion of total bed days in this area.

Main findings of the 2011 Report

Total Discharges

- Over 1.47 million discharges were reported by the participating hospitals compared to 1.45 million discharges in 2010 – an increase of 1.6%.
- Day patients accounted for 60% of total discharges in 2011, an increase of 3% since 2010.
- Almost one-third of total discharges were aged 65 years and older, an increase of 1.5% between 2010 and 2011 and an average annual increase of 5% between 2007 and 2011. While this age group also used the highest proportion of total bed days (40%), there was a decrease of 3% on the 2010 figure.

Length of stay

- Nationally, mean length of stay for acute in-patient discharges was 4.3 days.
- Voluntary hospitals recorded an acute in-patient mean length of stay of 5.6 days for public discharges and 5.8 days for private discharges. For regional hospitals the acute in-patient mean length of stay for both public and private discharges was 4.2 days

Mean Number of Diagnoses Reported

- The mean number of diagnoses recorded for total discharges (excl. *Maternity*) was 2.6.
- The mean number of diagnoses recorded for in-patient discharges was 3.8 compared to 2.0 for day patients

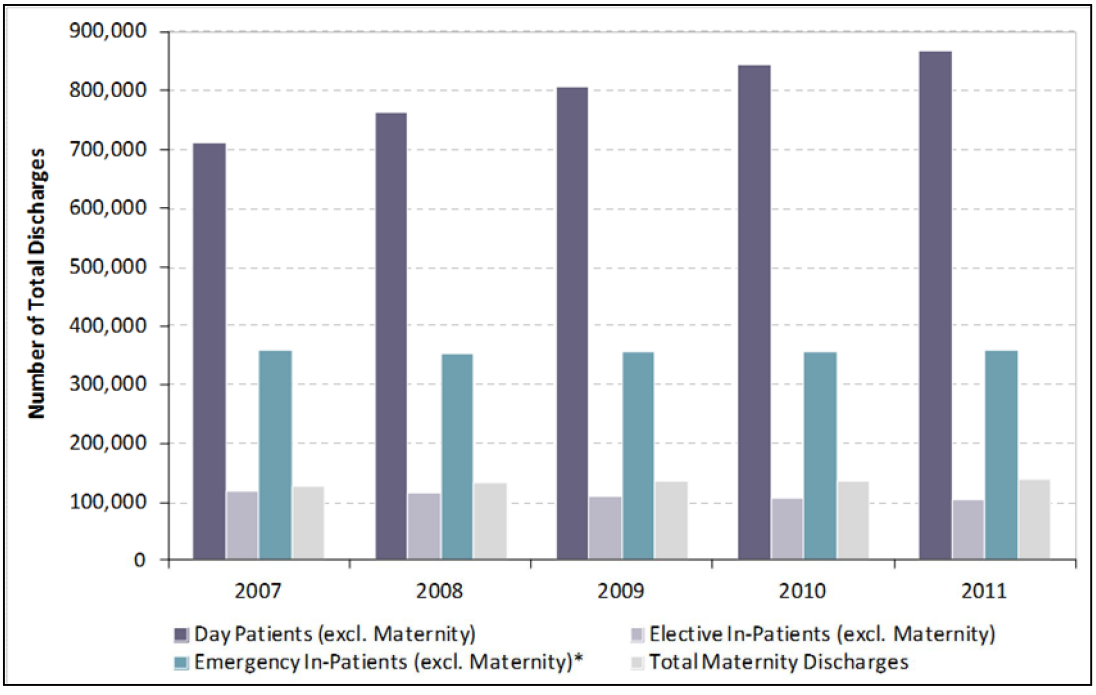


FIGURE 1 Total Discharges by Patient Type and Admission Type (N), 2007-2011

Activity in Acute Public Hospitals in Ireland, 2011 Annual Report is available at www.hipe.ie.

Cracking the Code

A selection of ICD-10-AM Queries

Q. What is the procedure code for Tysabri infusion for multiple sclerosis?

A. Tysabri (natalizumab) is a laboratory-produced monoclonal antibody (see http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/treatments/medications/natalizumab/index.aspx)

Administration of monoclonal antibodies is coded to block [1920] *Pharmacotherapy* and to extension -09 *Other and Unspecified Pharmacological agent*. Even though antibody fragments are mentioned as an inclusion term in extension -04 *Antidote*, this is meant in the context of antidotes. Monoclonal antibodies are not used as antidotes.

Drug treatments are not routinely recorded for in-patients as per ACS 0042 *Procedures not normally coded* but can be coded for daycase admissions where the reason for admission is the administration of the drug.

Q. What procedure code is assigned for a breast reconstruction procedure involving Latissimus dorsi flap reconstruction with 300 mls implant.

A. We suggest that appropriate codes to assign are 45530-00 [1756] *Reconstruction of breast using myocutaneous flap*. Also assign - 45527-00 [1753] *Augmentation mammoplasty following mastectomy, unilateral* (look up Insertion – Prosthesis — Breast — Following Mastectomy) plus check 'code also' notes for any additional procedures performed.

Q. How do we code the procedure Laparoscopic Fenestration of Splenic Cyst, the histology says "Nature of Specimen= Splenic cyst aspirate".

A. As there is no specific code available in ACHI for Lap Fenestration of Splenic Cyst, please assign 30375-21 [817] *Other procedures on the spleen* and also 30390-00 [984] *Laparoscopy* to reflect the laparoscopic component of the procedure.

Q. Described by clinician as "sebaceous cyst of breast – histology confirms (skin) Benign epidermoid cyst": do I code L72.0 or do I code Sebaceous cyst of breast N60.8?

A. We suggest that appropriate code to assign is L72.0 *Epidermal cyst* as per note at index entry for cyst which states "Since the code assignment for a given site may vary depending upon the type of cyst, the clinical coder should refer to the listings under the specified type of cyst before considering the site."

Q. What codes are assigned for a rupture of the EPL tendon

A. For your query rupture of EPL tendon – codes assignment depends on whether rupture of the extensor pollicus longus (EPL) was spontaneous or traumatic.

If rupture was spontaneous code to M66.24 *Spontaneous rupture of extensor tendons, hand*. If rupture was traumatic assign S66.2 *Injury of extensor muscle and tendon of thumb at wrist and hand level*. Also assign external cause codes as appropriate.
For more information on EPL (Extensor Pollicis Longus) see http://www.bssh.ac.uk/patients/commonhandconditions/thumbextensortendon

Q. What procedure codes are assigned for the following operation performed for osteoarthritis CMC joint right thumb. The procedure was an Interpositional arthroplasty CMC joint right thumb.

A. For this procedure code look up the alphabetical index arthroplasty for thumb – see Arthroplasty – Interphalangeal – Interposition and assign 46306-00 [1464] *Interposition arthroplasty of interphalangeal joint of hand.*

Q. Regarding codes for administration of thrombolytics for thrombolysis following a stroke is administration of thrombolytics to be coded?

A. Administration of thrombolytics are not routinely coded for in-patients as per ACS 0042 *Procedures not normally coded*. If surgical administration of thrombolysis is performed this procedure will be coded to block [741] *Surgical peripheral arterial or venous catheterisation.* Detailed information on the administration of thrombolysis is collected through the HIPE Add-On Screen for stroke by stroke teams in hospitals using this facility. Information on antiplatelet and reperfusion therapy (including thrombolysis) is also collected through the HIPE Add-On screen for Heartbeat (myocardial infarctions) by clinical teams.

Cracking the Code

A selection of ICD-10-AM Queries

Q. Are procedure dates collected for allied health interventions such as physiotherapy and do we code the first time the patient is seen or the first time they receive treatment e.g. physiotherapy?

A. Procedure dates are to be collected for all procedures including allied health interventions. Where a patient is seen multiple times for an allied health intervention – record the date as the first encounter with the service. For example if a patient is seen by a physiotherapist 10 times during an admission – code physiotherapy once 95550-03 [1916] *Allied health intervention, physiotherapy* and assign a date of procedure for the first time the patient was seen by physiotherapist.

Do you have a coding query? Please email your query to:
hipecodingquery@esri.ie

To answer your query we need as much information as possible, please use the Coding Help Sheet as a guide to the amount of detail required.
This is available at:
www.esri.ie/health_information/hipe/clinical_coding/help_forms/

Date of Exports—2013

HIPE Exports must now include the uncoded and coded data in the monthly export file . To facilitate this, all hospitals need to create exports after the end of the month and after they have downloaded all their previous months' cases. We appreciate hospitals' cooperation with this change. The downloads and exports must be completed on or before the 3rd working day of the following month.

To help with this the following table shows the indicative dates for exports.

HIPE Export Month	Download all cases	Final Date of Receipt of Export by ESRI
End of November 2012	To 30th November	(Wed) 05/12/2012
End of December 2012	To 31st December	(Fri) 04/01/2013
End of January 2013	To 31st January	(Tue) 05/02/2013
End of February 2013	To 28th February	(Tue) 05/03/2013
End of March 2013	To 31st March	(Thur) 04/04/2013
End of April 2013	To 30th April	(Fri) 03/05/2013
End of May 2013	To 31st May	(Thur) 06/06/2013
End of June 2013	To 30th June	(Wed) 03/07/2013
End of July 2013	To 31st July	(Tue) 06/08/2013
End of August 2013	To 31st August	(Wed) 04/09/2013
End of September 2013	To 30th September	(Thur) 03/10/2013
End of October 2013	To 31st October	(Tue) 05/11/2013
End of November 2013	To 30th November	(Wed) 04/12/2013
End of December 2013	To 31st December	(Mon) 06/01/2014

These dates are also highlighted in the HIPE Training Calendar.

Upcoming Courses

2013 New Variables

WebEx Only

Date: Wednesday, 9th January **Time:** 11.00am—12.00pm

Date: Wednesday, 9th January **Time:** 2.00pm—3.00pm

Date: Wednesday, 16th January **Time:** 11.00am—12.00pm

Date: Wednesday, 16th January **Time:** 2.00pm—3.00pm

More sessions will be planned to ensure every coder can attend.

Introduction to HIPE

WebEx Only

This is a general introduction to the variables collected by HIPE for new coders and others working in the HIPE system.

Date: Tuesday 22nd January

Time: 10.30am – 1pm

Coding Skills I

ESRI Only

This course is for new coders who have attended the Introduction to HIPE course.

Date: Tuesday 29th and Wednesday 30th January

Time: 10.00am—5.00pm each day.

Coding Skills II

ESRI Only

This course is for those who have previously attended Coding Skills I.

Date: Tuesday, 19th—Thursday 21st February

Time: 10.00am – 5.00pm each day.

Anatomy & Physiology

WebEx and ESRI

These courses are open to all HIPE coders.

Introduction to Anatomy & Physiology

This course will be delivered by a specialist speaker

Date: Thursday 24th January

Time: 11.00am – 1.00pm

Anatomy & Physiology of the Respiratory System

This course will be delivered by a specialist speaker

Date: Tuesday 5th March

Time: 11.00am – 1.00pm

Anatomy & Physiology of the Neurological and Endocrine Systems

This course will be delivered by a specialist speaker

Date: Tuesday 5th March

Time: 2.00pm - 4.00pm

Anatomy & Physiology of the Cardiovascular Systems

This course will be delivered by a specialist speaker

Date: Wednesday 6th March

Time: 11.00am—1.00pm

Classification and Coding of the Cardiovascular Systems

Date: Wednesday 6th March

Time: 2.00pm - 4.00pm

To apply for any of the advertised courses, please complete the online training form at:

www.hipe.ie/training

2013 Training Calendar now on-line.

As always more courses will be held as necessary. If you would like to inform us of any training requirements or have ideas for training initiatives please send an email to **hipetraining@esri.ie**

What would you like to see in Coding Notes?

If you have any ideas for future topics, please let us know.
Thanks and keep in touch: hipe@esri.ie

See the 'Find it Fast' section of the ESRI website for easy access.

www.esri.ie/health_information/find_it_fast/

Thought for the month

Whether you think you can or whether you think you can't, you're right."

Henry Ford