Coding Notes

Number 67

Healthcare Pricing Office

December2014

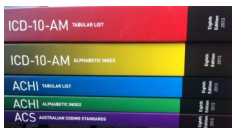
New year, New classification, New office

2014 has been another busy year in HIPE. The new shorter deadlines in HIPE came into effect and we would like to thank all hospitals for their concerted efforts in meeting these new deadlines. Interest in HIPE data has never been higher with it being used across the system for many purposes. As well as the developments in Activity Based Funding (ABF) it is being used for patient safety and quality, research, planning, reporting and the ongoing development of KPIs. HIPE data are central to many areas within the health service and HIPE coders' and managers' contributions are greatly appreciated. 2015 looks like being another busy year and for your information the dates for this year's exports are included on page 5.

As part of this increased use, HIPE now needs to collect additional information on type of bed. From January 2015, the HIPE system will collect the number of days a patient spends in a level 2, level 3 or level 3s critical care bed via the download. This is in addition to the number of days in an ITU/ICU bed already collected.

In 8th edition ICD- the HADx can be assigned to the principal diagnosis for neonates on the birth episode. Details of these new variables are available on page 7. The 2015 Instruction Manual is available at www.hpo.ie.

8th Edition of ICD-10-AM/ACHI/ACS



All patients discharged on or after 1.1.2015 will be coded using the 8th edition of ICD-10-AM/ACHI/ACS. Many thanks to everyone who came to the first phase training. We had over 250 attendees attending 7 courses around the country. This edition of Coding Notes has questions and answers which arose during this first phase (see pages 2-4). The planning for the second phase is well underway and many thanks again to all for the excellent uptake on all the update training. It is critical that all coders attend all phases of the training. Most people have signed up at this stage but any HIPE coders who have not registered yet please do so as soon as possible. This second phase of training will be delivered over two days. We are grateful to the National Centre for Classification in Health (NCCH) at the University of Sydney with their invaluable contribution in the preparation for these courses.

The Turbo Coder (previously called the eBook) is currently being distributed to hospitals and while it is very similar to the previous electronic version of the classification used for 4th and 6th edition of ICD-10-AM/ACHI/ACS there are some enhancements. Coders will be able to try out the Turbo Coder at the Phase 2 courses.

The 2015 Irish Coding Standards (ICS) are now available on www.hpo.ie. These have been fully updated to take account of changes within 8th edition. The edits within the HIPE portal have also been updated. We will continue to update the edits as we use the 8th edition more and more. If at any time you have an idea for an edit that you think would enhance the system please to not hesitate to contact us. The 2015 Training Calendar is also available at www.hpo.ie.

Office Move

HPO Staff based in the ESRI building and Naas will be relocating to offices in Heuston Square Quarter in the New Year. The offices are conveniently located near Heuston train station. Emails will remain the same. We will issue the new contact information—postal address and phone numbers once we have moved.

Christmas arrangements at the ESRI/HPO

The HPO at the ESRI will close at 1pm on Wednesday, 24th December 2014 and will re-open on Monday 5th January 2015.

Inside this Issue

Cracking the Code

This edition contains answers to 8th edition queries from Phase 1

DIABETES

Q. In 8th edition will Diabetes be coded if present in a patient admitted as a daycase for an unrelated condition?

A. Yes – diabetes will always be coded when documented regardless of whether it is treated/investigated or reviewed. Once the patient is documented as having diabetes it is coded – see Rule 1 in ACS 0401 *Diabetes Mellitus and Intermediate Hyperglycaemia* which states "DM and IH should always be coded when documented". Refer to ACS 0401 *Diabetes Mellitus and Intermediate Hyperglycaemia* regarding the coding of diabetes.

Q. Is Body Mass Index (BMI) a consideration in assigning E1-.72 *Diabetes mellitus with features of insulin resistance*?

A. BMI is not referenced in ACS 0401 in relation to the assignment of code E1-.72 *Diabetes mellitus with features of insulin resistance* therefore BMI is not a consideration in assigning this code. The following are the criteria for assigning E1-.72 *Diabetes mellitus with features of insulin resistance* are provided in ACS 0401.

Assign E11.72, E13.72, E14.72 **Diabetes mellitus with features of insulin resistance* or E09.72 *Intermediate hyperglycaemia with features of insulin resistance*, as appropriate, when DM or IH is documented with one or more of the following also documented:

- acanthosis nigricans
- dyslipidaemia characterised by:
  - elevated fasting triglycerides (≥1.7 mmol/L), or
  - depressed HDL-cholesterol (male ≤1.03, female ≤1.29)
- hyperinsulinism
- increased intra-abdominal visceral fat deposition
- 'insulin resistance'
- nonalcoholic fatty (change of) liver disease (NAFLD), nonalcoholic steatohepatitis (NASH)
- obesity, morbid obesity, overweight

Please refer to ACS 0401 for full information regarding the assignment of E1-.72 *Diabetes mellitus with features of insulin resistance*

HEALTHCARE ASSOCIATED INFECTIONS

Q. What is the difference between Y95 *Nosocomial condition* and ✪U90.0 *Healthcare associated Staphylococcus aureus bacteraemia?*

A. Code Y95 *Nosocomial condition* can be assigned when a condition is documented by a clinician as hospital acquired or nosocomial, a nosocomial condition may be present on admission or arise during admission.

Separately the code U90.0 *Healthcare Associated Staphylococcus Aureus Bacteraemia* is a supplementary code to flag a very specific condition (bacteraemia). ACS 0111 *Healthcare associated Staphylococcus aureus bacteraemia* provides guidelines on the use of code U90.0 *Healthcare associated Staphylococcus aureus bacteraemia* and this code is not to be used unless documented by a clinician. Again this condition, U90.0 *Healthcare associated Staphylococcus aureus bacteraemia,* may or may not be present on admission. Neither code can be assigned without specific clinical documentation.

Q. Are external cause codes required with the code U90.0 *Healthcare associated Staphylococcus aureus bacteraemia?*

A. Code U90.0 *Healthcare associated Staphylococcus aureus bacteraemia* is a supplementary code to be used when healthcare associated bacteraemia is documented (as per advice in ACS 0111 *Healthcare associated Staphylococcus aureus bacteraemia*.

To determine which external cause codes need Place of occurrence and Activity codes, refer to the following note that is found at the beginning of Chapter 20:

> For codes V00–Y34, assign also Place of occurrence (Y92.-) and Activity (U50.- –U73.-).
>
> For codes Y35–Y89, assign also Place of occurrence (Y92.-).

In the case of U90.0, it does not meet the criteria in the note so no additional Place of occurrence or Activity codes are needed for this code.

ANAEMIA

Q. How is anaemia due to chronic renal failure coded in 8th edition?

A. For anaemia due to chronic renal failure, code to the specific type of anaemia documented e.g. iron deficiency, normocytic etc. and also assign a code for the chronic kidney disease N18.x *Chronic kidney disease*. The sequencing of the codes will depend on the reason for admission and the application of ACS 0001 *Principal diagnosis* and ACS 0002 *Additional Diagnoses*.

DENTAL RADIOLOGICAL EXAMINATIONS

Q. Are dental radiological examinations to be coded?

A. ACS 0042 *Procedures not normally coded* specifically lists block [451] *Dental radiological examination and interpretation* therefore these procedures are not normally coded unless they meet certain circumstances as outlined in ACS 0042 *Procedures not normally coded* e.g. principal reason for admission is a daycase or if the procedure is performed under cerebral anaesthesia.

Cracking the Code

This edition contains answers to 8th edition queries from Phase 1

Insertion of Central Venous Catheters (CVC)

Q. Are central venous catheters coded if they are inserted under sedation?

A. In ACS 0042 *Procedures not normally coded* central venous catheterisation is listed as a procedure not normally coded. However there are circumstances when this procedure will be coded as per the instructions and information in ACS 0042 e.g. Central venous catheterisation is coded for neonates. The notes at the beginning of ACS 0042 include the following instruction;

> "The listed procedures should be coded if cerebral anaesthesia is required in order for the procedure to be performed (see ACS 0031 *Anaesthesia*)."

Therefore if the sedation (sedation is a cerebral anaesthetic) is given specifically for the insertion of the CVC a procedure code for the insertion will be assigned followed by the appropriate cerebral anaesthetic code.

Also note that if the insertion of a CVC is the principal reason for admission in a daycase then the insertion can be coded (see the third bullet point at the beginning of ACS 0042 *Procedures not normally coded*).

Excision of multiple skin lesions

Q. As the excision of skin lesions are now coded as many times as performed (each excision is coded separately) are the associated diagnosis codes for the lesions coded once for each lesion.

A.The coding of the diagnosis will depend on the nature and site of the lesion/s. Please see the guidelines in ACS 0025 which state

> **ACS 0025 DOUBLE CODING**
>
> Although there is some argument for repeating the same code to reflect multiples of the same condition (e.g. bilateral varicose veins of legs, I83.9, I83.9 or bilateral Colles' fractures S52.51, S52.51), clinical coders **should not** apply this convention. The same code can only be repeated for the procedures required to treat these conditions.

If the patient has different types of lesions and/or different sites then each type will be coded.

Insertion of Hickman's

Q. Is insertion of Hickman's under radiological guidance coded?

A. Please follow the guidance in ACS 0042 *Procedures not normally coded* regarding coding of insertion of catheters and also imaging. If the insertion of the Hickman's line requires cerebral anaesthesia then it will be coded, please also see ACS 1615 *Specific interventions for the sick neonate* if the insertion is for a neonate. If the insertion of the Hickman's under radiological guidance is the principal reason for admission in a daycase then it can be coded.

Laparoscopic cholecystectomy proceeding to open

Q. How is a laparoscopic cholecystectomy proceeding to an open cholecystectomy coded?

A. ACS 0019 *Procedure Not Completed or Interrupted* provides guidance on the coding of laparoscopic procedures which are converted to open procedures. As per this standard, the open procedure is coded first followed by the code for the conversion from laparoscopic to open.

For this query the codes assigned will be

30443-00 [965] *Cholecystectomy* (the open procedure)

90343-01 [1011] *Laparoscopic procedure proceeding to open procedure* (to flag that a laparoscopic procedure was converted to an open procedure)

Removal of Catheter

Q. ACS 0042 *Procedures not normally coded* includes catheterisation-arterial or venous, is the removal of an arterial or venous catheter coded?

A. The removal of an arterial or venous catheter is not coded unless it meets the criteria listed in ACS 0042 whereby the procedures listed can be coded in certain circumstances e.g. performed under cerebral anaesthesia or if the procedure is the principal reason for admission in a daycase, or if the procedure is performed for a neonate etc.

Insertion of a vascular access device

Q. Is the insertion of a vascular access device coded?

A. Yes, insertion of vascular access devices is coded. This procedure is not listed in ACS 0042 *Procedures not normally coded*. Vascular access devices are not the same as arterial or venous catheters. The codes for arterial or venous catheterisation are not routinely coded as they are listed in ACS 0042 *Procedures not normally coded*.

Cracking the Code

This edition contains answers to 8th edition queries from Phase 1

OBSTETRICS

Q. There are new delivery codes. If a patient has a tear with a normal single delivery, how will this be coded?

A. Please assign the following codes in this scenario:

O80 *Single spontaneous delivery*

O70.x *Perineal laceration during delivery* code assignment will depend on the degree **(HADx)**

Z37.0 *Single live birth*

Q. What Principal diagnosis is assigned for a patient admitted at 34 weeks in labour and delivers at that time?

A. As per ACS 0001 *Principal diagnosis* a code from code range O80- O84 *Delivery* is assigned to all cases where a delivery occurs – ACS 0001 states:

> "Where the patient is admitted for delivery such as 'in labour', 'for induction', 'for caesarean', and the outcome is delivery, assign a code from category O80–O84 *Delivery* as the principal diagnosis, followed by the reason for any intervention and then any other conditions and/or complications that meet the criteria for assignment as per ACS 0002 *Additional diagnoses*"

The Principal diagnosis in this example will be the appropriate code from O80- O84 *Delivery*.

Q. Can the Hospital Acquired Diagnosis (HADx) flag be assigned to O80-O84 *Delivery* codes?

A. Where a code from O80 – O84 *Delivery* is the principal diagnosis the HADx flag will not be assigned. Where a patient is admitted for an ante-partum condition and goes on to deliver a code from O80—O84 *Delivery* will be assigned as an additional diagnosis. This code indicates that the delivery occurred and the method of delivery but does not record a condition and therefore the HADx flag will not be assigned to codes from O80-O84 *Delivery* when assigned as additional diagnosis.

Q. In 8th edition how are obstetric patients who are admitted for induction coded?

A. ACS 0001 *Principal diagnosis*, states the following;

> Where the patient is admitted for delivery such as 'in labour', 'for induction', 'for caesarean', and the outcome is delivery, assign a code from category O80–O84 *Delivery* as the principal diagnosis, followed by the reason for any intervention and then any other conditions and/or complications that meet the criteria for assignment as per ACS 0002 *Additional diagnoses.*

Therefore patients admitted for induction will have a code from O80-O84 *Delivery* assigned as the principal diagnosis followed by the reason for the induction and any other codes from Chapter 15 *Obstetrics* that apply (as per ACS 0002 *Additional diagnosis*). The appropriate code from category Z37 *Outcome of delivery* will also be coded.

GESTATIONAL DIABETES

Q. A Patient admitted in the puerperium was documented as having had gestational diabetes – is the gestational diabetes coded? The patient comes in during the puerperium for something unrelated – the chart notes that the patient had gestational diabetes.

A. In this case, we advise not to code gestational diabetes. Once a patient has delivered the norm is for their glucose tolerance to return to normal and as such they no longer have gestational diabetes. If the glucose tolerance does not return to normal these patients will usually be diagnosed as Type 2 DM (and if so the diabetes will be coded as it is still present).

CT GUIDED COLONOSCOPIES

Q. How are CT guided colonoscopies coded?

A. CT guided colonoscopies are coded to the colonoscopy, no additional procedure is assigned for the imaging element of the procedure regardless of whether it was performed under cerebral anaesthesia, or as a daycase.

Do you have a coding query?

Please email your query, removing any identifying information to:

hipecodingquery@hpo.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, available at: **www.hpo.ie/find-it-fast**

2015 Irish Coding Standards

ICS V7.0

The 2015 version of the Irish Coding Standards is now available on www.hpo.ie. This will also be distributed to hospitals. All HIPE coders are encouraged to review the changes and to always be aware of Irish Coding Standards when coding or reviewing HIPE data for any purpose. The document contains as always a summary of changes to the Irish Coding Standards. ICS Version 7.0 is for use with all discharges from 1st January 2015 and 8th Edition ICD -10-AM/ACHI/ACS.

Export dates for 2015

Please find below the list of the export dates for 2015. As before an export needs to be created on or before the third working day of each month once the cases from previous month have been downloaded. We very much appreciate hospitals continuing work in meeting these deadline dates. **Please ensure that the Checker programme is run on the data prior to each export.**

HIPE Export Month	Download all cases	Final Date of Receipt of Export by HPO
End of December 2014	To 31st December (2014)	(Tues) 06/01/2015
End of January 2015	To 31st January	(Wed) 04/02/2015
End of February 2015	To 28th February	(Wed) 04/03/2015
End of March 2015	To 31st March	(Tues) 07/04/2015
End of April 2015	To 30th April	(Wed) 06/05/2015
End of May 2015	To 31st May	(Thurs) 04/06/2015
End of June 2015	To 30th June	(Fri) 03/07/2015
End of July 2015	To 31st July	(Thurs) 06/08/2015
End of August 2015	To 31st August	(Thurs) 03/09/2015
End of September 2015	To 30th September	(Mon) 05/10/2015
End of October 2015	To 31st October	(Wed) 04/11/2015
End of November 2015	To 30th November	(Thurs) 03/12/2015
End of December 2015	To 31st December	(Wed) 06/01/2016

No change from 6th to 8th

Sequencing of Procedures

ACS 0016 *General Procedure Guidelines*

The issue of sequencing of procedures has arisen in a number of data quality reviews. HIPE coders must ensure that they are familiar with ACS 0016 *General Procedure Guidelines*. This ACS contains definitions together with guidelines for sequencing interventions codes. Please refer to the standard for full details.

The order of codes should be determined using the following hierarchy:

- procedure performed for treatment of the principal diagnosis
- procedure performed for treatment of an additional diagnosis
- diagnostic/exploratory procedure related to the principal diagnosis
- diagnostic/exploratory procedure related to an additional diagnosis for the episode of care.

Example 1

Source: ACS 0016

Principal diagnosis:	Chronic cervicitis
Additional diagnoses:	Human papillomavirus (HPV)
	Menorrhagia
Procedures:	Dilation and curettage, diathermy and biopsy cervix

Following the hierarchy above, the procedures are sequenced as follows:

Principal Procedure: Diathermy of the cervix

Sequenced 1st because it is the procedure which treated the principal diagnosis - Chronic Cervicitis

Additional Procedure: Dilation and curettage

Example 2

Source: A coding query submitted to the HPO.

Principal diagnosis:	Gastro-oesophageal reflux disease with oesophagitis
Additional diagnoses:	Phimosis
	Acute kidney failure, unspecified
Procedures:	Panendoscopy to the Duodenum with biopsy
	Sedation
	Cystoscopy
	Endoscopic ureteric meatotomy
	General Anaesthesia

Following the hierarchy above, the procedures are sequenced as follows:

Principal Procedure: Endoscopic ureteric meatotomy

Sequenced 1st because it is the procedure which treated an additional diagnosis - the phimosis

Additional Procedures: General Anaesthesia

Panendoscopy to duodenum with biopsy

Sequenced next as this is a diagnostic procedure related to the principal diagnosis – Gastro-oesophageal reflux disease with oesophagitis.

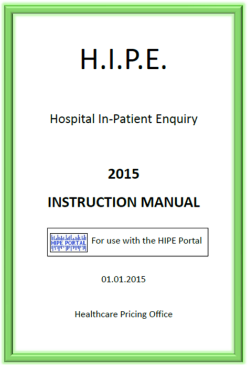
Sedation

Cystoscopy

Sequenced next as this is a diagnostic procedure related to an additional diagnosis – Phimosis.

2015 Instruction Manual

New Variables



The 2015 Instruction Manual and HIPE form have been updated to incorporate changes to HIPE in 2015. The Instruction Manual has been updated to provide guidance on the collection of the 9 new variables which relate to types of beds and occupancy—Public, Private, Semi Private and Intensive care and whether these were single or multiple occupancy rooms. A new field indicates the number of days spent in a critical care bed where critical care is defined using the definitions from the critical care programme.

The new information contained in eight of the fields relates to the number of days spent in either a single occupancy or multiple occupancy room/ward for each of the following bed types; Public, Private, Semi-Private and ITU. For example, where there was an existing field called "Number of days in a Public bed" there are two further additional fields called "Number of days in a Public bed in a single occupancy room" and "Number of days in a public bed in a multiple occupancy room". Similarly, there are two new fields for each of the other bed types. Note that *public bed* refers to the designation of the bed and not the status of the patient in the bed. The following table lists all eight of these additional fields and shows their relationship with the existing fields. These fields will be downloaded from the hospital's PAS/IPMS/HIS system. From January 2015, the HIPE system will collect the number of days a patient spends in a level 2, level 3 or level 3s critical care bed via the download. This is in addition to the number of days in an ITU/ICU bed already collected. Please contact your IT departments and make sure that they start the process of the changing the download for these fields. Also as per guidance in the 8th edition of ICD-10-AM/ACHI/ACS, the HADx can now be assigned to the principal diagnosis for neonates on the birth episode. The 2015 Instruction Manual is available for download at www.hpo.ie.

Existing Field	New Field for Single Occupancy	New Field for Multi occupancy
Number of days in a Public bed	Number of days in a Public bed in a Single Occupancy Room/Ward	Number of days in a Public bed in a Multiple Occupancy Room/Ward
Number of days in a Private bed	Number of days in a Private bed in a Single Occupancy Room/Ward	Number of days in a Private bed in a Multiple Occupancy Room/Ward
Number of days in a Semi-Private bed	Number of days in a Semi-Private bed in a Single Occupancy Room/Ward	Number of days in a Semi-Private bed in a Multiple Occupancy Room/Ward
Number of days in a ITU bed	Number of days in a ITU bed in a Single Occupancy Room/Ward	Number of days in a ITU bed in a Multiple Occupancy Room/Ward

FAQ

Q. Do we still collect information on public days, private days, semi-private days and ITU days?
A. Yes, Information on the existing fields must still be submitted. There are no other changes to the HIPE record beyond the addition of the nine new fields and the facility to flag a neonate's principal diagnosis as a HADx if applicable.

Q With reference to the new fields, what is meant by public and private?
A. The public, private, semi-private and ITU in the new fields refer to the bed designation of bed occupied by the patient and not the status of the patient.

Q. Are the extra single and multiple occupancy beds collected for all cases?
A. The additional fields for single and multiple occupancy are only collected where the status of the patient is private (i.e. where the HIPE discharge status is "2 private")

Q. How is critical care to be defined for the critical care bed days?
A. The definition of critical care beds comes from the national critical care programme. See: www.hse.ie/criticalcare/.

Upcoming Courses

2015 Training Calendar

Now available on-line at www.hpo.ie

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@hpo.ie**

8th Edition Phase 2
2 Days – January 2015

Booking is open at www.hpo.ie.

Phase 2—January 2015- 2-Day Coders of all levels must attend	
Locations	**Date**
Dublin—Aishling Hotel	Tue 13th & Wed 14th Booked out
Dublin— Aishling Hotel	Thurs 15th & Fri 16th J Booked out
Galway—University Hospital	Mon 19th & Tue 20th Jan
Cork—Mercy Hospital	Thurs 22nd & Friday Booked out
Sligo—Sligo Park Hotel	Thurs 22nd & Friday 23rd Jan

All coders must attend this training in person. Please contact us immediately if you have not registered and need to attend.

Special thanks to the hospitals who are providing training facilities for these courses.

Introduction to HIPE

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

Date: Tuesday, 10th February
Time: 10.30am to 1pm
Location: WebEx only

To apply for any of the advertised courses, please complete the online training form at:
www.hipe.ie/training
To inform us of any training requirements, please send an email to hipetraining@hpo.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: info@hpo.ie
See the 'Find it Fast' section of the HPO website for easy access.
www.hpo.ie/find_it_fast/

Happy Christmas and a Peaceful New Year.

Anatomy & Physiology

Introduction to Anatomy & Physiology

****This course is open to all HIPE coders****

This course will be delivered by a specialist speaker

Date: Thursday 12th February

Time: 11am – 1pm

Location: Face to Face (Dublin office) & WebEx

Coding Skills I

his course is for new coders who have attended the Introduction to HIPE course.
Date: Tuesday 24th & Wednesday 25th February
Time: 10am – 5pm each day.
Location: Face to Face only (Dublin office).

Coding Skills IV

One-Day Obstetrics Workshop

This course will provide new coders, and those who have no previous experience in coding Obstetrics, with an introduction to Obstetrics. Experienced coders who would like to refresh their skills in this area are welcome to participate also.

Date: Thursday, 5th March
Time: 10am – 4pm
Location: Face to Face only (Dublin Office).

Thought for Today

"Life is like riding a bicycle. To keep your balance, you must keep moving."

Albert Einstein