Coding Notes

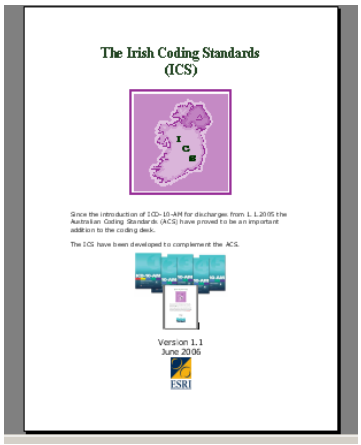
HIPE & NPRS Unit
Health Policy & Information Division

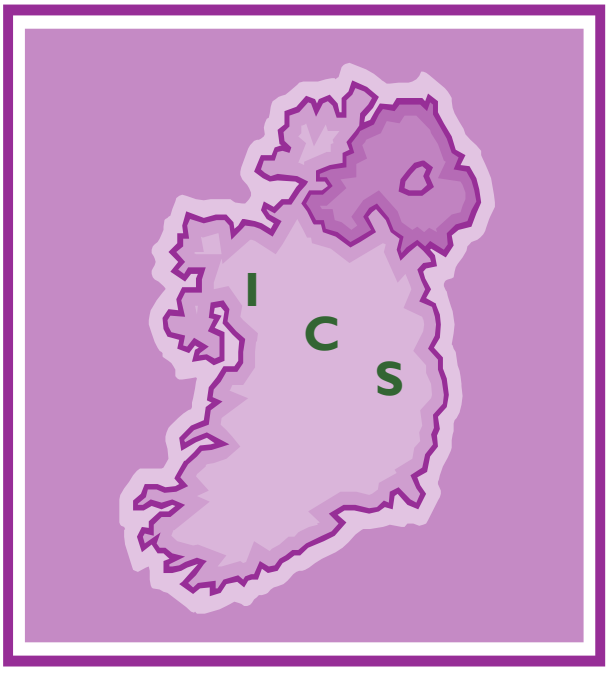
Number 33
July 2006

# Irish Coding Standards

## Ireland goes purple with the introduction of the Irish Coding Standards!

Since the introduction of ICD-10-AM for discharges from 1st January 2005, the Australian Coding Standards (ACS) have proved to be an important addition to the coding desk. Naturally, as the ACS were developed in Australia, there is some variation between practice there and in Ireland. For this reason, the Irish Coding Standards (ICS) have developed and evolved over the past 18 months. The ICS address a range of issues and have been designed to complement the ACS. Some Standards apply only in Ireland and have been created for the Irish system and these will have a unique number e.g. ICS 15X2 Anti-D Immunoglobulin Prophylaxis and Rhesus Incompatibility/ Isoimmunisation. Other Standards provide clarification or amend ACS for use in the Irish system.




**Some coders may like to copy, cut and paste the ICS into Volume 5.**

This is a great development in the use of ICD-10-AM in Ireland and sees coders in Ireland adapting and using ICD-10-AM for coding hospital activity in Irish Hospitals. These ICS will continue to be developed and feedback is welcome. The ICS have been reviewed by the National Coding Advisory Committee (NCAC) which has representation from Clinical Coding Ireland (CCI), HIPE Casemix Co-ordinators Working Group (HCCWG), ESRI and Department of Health and Children.

*Please become familiar with the ICS and contact us with any issues that arise or ideas for future enhancements. Additional copies are available on request.*

**Inside this issue:**

# Spring Refresher Courses *Marie Glynn*

Refresher courses were held in Spring 2006 in Dublin, Cork, Cavan & Galway, and were attended by 125 participants. These courses were a great opportunity for coders to review basic coding skills and discuss coding queries. They provided a forum for immediate and direct feedback and communication between facilitators and participants.

**Specialties covered included**

- Diabetes
- Circulatory
- Neoplasms
- Symptoms & Signs
- Respiratory System
- Infectious & Parasitic Diseases
- Poisoning & Adverse Effects
- Sequelae

If you have any ideas for topics for future training courses, or if you would like a training course held in your region, please contact us.

The section on the Respiratory System included guidelines on coding continuous ventilatory support and guidelines on coding lobar pneumonia. The section on Infectious and Parasitic Diseases included guidelines for use of codes B95 – B97 (Bacterial, viral and other infectious agents) and guidelines for coding Gastroenteritis and the application of ACS 1120 which gives clear guidance on the use of code A09 Diarrhoea & gastroenteritis of presumed infectious origin.

## Data Quality

Participants at the refresher course heard about the regular quality checks including the recent **'Notifiable checks'** run on data exported to the ESRI. These checks are generated through the W-HIPE Reporter, and are intended to improve the quality of hospital and national data. Notifiable checks also discover common errors that may be occurring. Most hospitals will have received 'notifiable checks' recently. On each sheet, along with a description of the check is information on how to run the check using W-HIPE and also details on the case(s) to be reviewed. It is recommended that to reduce the number of queries returned by the HIPE Unit at the ESRI that these checks be run regularly at local hospital level.

As always, if you are unsure of a guideline or have concerns about a query contact us. In responding to queries, please indicate what changes, if any, were made to the case. If you have any ideas on new data quality checks, please let us know.

## Feedback

Comments on the Refresher Courses include:

"I found the course one of the most useful of all the courses attended since the introduction of ICD-10-AM – maybe because we are now more familiar with ICD-10-AM"

"Guidelines on coding CVS were very helpful"

"I found the course very helpful"

"The sample chart was very good to work through"

"Diabetes was the most useful aspect of course"

"Neoplasms & procedural complications were the most useful aspects of the course"

## Upcoming Coding Workshop

**A Renal workshop will be held on Tuesday 25th July 2006.** This one-day course will include clinical education on renal disease and interventions, facilitated by a specialist guest speaker. Coding guidelines relating to renal disease and interventions including dialysis will also be discussed.

The HIPE Unit at the ESRI will also run specialty workshops in Autumn/Winter 2006. Specialties will include Cardiology, Orthopaedics, Diabetes and Obstetrics. These workshops will also include presentations from specialist guest speakers on the topic along with coding guidelines, exercises and case studies. See page 8 for details of dates and venues for upcoming training courses.

# Guidelines for Neonates / Newborns

**Definition** - A neonate / newborn is a liveborn who is less than 28 days old.

## Use of Z38 for Newborns

The HIPE & NPRS Unit has reviewed the use of Z38 *Liveborn infants according to place of birth*. The following guidelines are for use with Z38 codes **where the newborn is born in hospital** and **requires admission immediately after birth or during the post natal period from the mother's bedside.** These guidelines refer to single liveborns, use other Z38 codes as appropriate.

- Z38.0 indicates admission during the birth episode of a single liveborn infant born in hospital - codes are available for multiple births and infants born outside hospital.
- Z38.0 can be recorded once for each singleton newborn.
- Z38.0 can only be assigned as an additional diagnosis.
- Where a newborn is admitted from the mother's bedside during the postnatal period Z38.0 can be collected.
- The date of admission does not have to be the same as the date of birth in order to use Z38.0.
- If a newborn goes home or to another destination (e.g. transferred) and is subsequently admitted Z38.0 is not collected.

## Type of admission and Source of admission for newborns:

- Type of admission 7 (newborn) and source of admission (7) are for use when a newborn is admitted immediately after birth. *Note Z38.0 can be collected in this case.*
- If a newborn is admitted during the post natal period from the mother's bedside but not immediately after birth (not on same day as birth) the type of admission will be 7 (newborn) and the source of admission will be 0 (other). *Note Z38.0 can be collected in this type of case.*
- If a baby is admitted from home within 28 days from birth, the type of admission will be 7 (newborn) and source of admission will be 1 (home). *Note Z38.0 will not be collected in this type of case as the newborn is not admitted during birth episode.*
- The type and source of admission codes for newborn allowed home and subsequently admitted will be coded according to current guidelines (see HIPE Instruction Manual 2006). *Note Z38.0 will not be collected in this type of case as the newborn is not admitted during birth episode.*
- **Note** - when a patient aged up to 28 days old is admitted as a planned or elective admission the regular booked Admission Type codes should be assigned.

## Examples:

**A baby is born prematurely at 35 weeks gestation and is admitted immediately following delivery for care and observation in Special Care Nursery**
Admission Type 7 (Newborn) and Admission Source 7 (Newborn) are the correct admission codes in this scenario. Note Z38.0 Singleton, born in hospital can be assigned in this type of case.

**A healthy baby is born on 1st June 2006 and is nursed by the mother's bedside. 36 hours later the baby develops jaundice and is admitted to Special Care Nursery for phototherapy treatment.**
Admission Type 7 (Newborn) and Admission Source 0 (Other) are the correct admission codes in this scenario. Note Z38.0 Singleton, born in hospital can be assigned in this type of case.

**A mother brings her 10-day-old baby with high fever to A&E from home. The baby is admitted for IV antibiotics and observation.**
Admission Type 7 (Newborn) and Admission Source 1 (Home) are the correct admission codes in this scenario. Note Z38.0 Singleton, born in hospital is not assigned in this case.

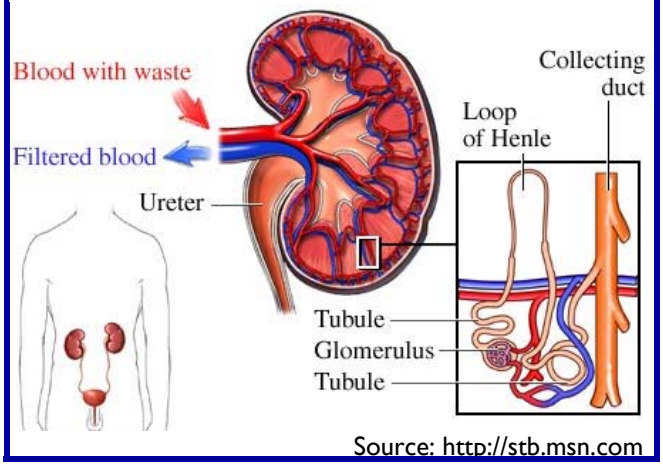
**A 20-day-old baby is admitted electively from home for repair of undescended testicles.**
Admission Type 1 (Elective) and Admission Source 1 (Home) are the correct admission codes in this scenario. Note Z38.0 Singleton, born in hospital is not assigned in this case.

# Renal Disease

## Glomerular Diseases (N00-N08)

Renal glomeruli are tiny tufts of capillaries that carry and filter blood within the kidneys. Blood enters the kidneys where the glomerulus filters out a certain amount of fluid and specific waste products. 'Clean' blood then continues through the circulatory system and the waste products are removed from the body in the form of urine. (See Figure 1) Glomerular diseases (or glomerulopathies) are disease processes that mainly affect the glomerulus and, in turn, the blood-waste filtration process.

**Figure 1:** Glomerular filtration




Source: http://stb.msn.com

### Classification

The first **three characters** in code range N00-N07 describe the clinical diagnosis and are indicated by certain signs, symptoms and investigations. These codes are assigned based on clinical documentation only (e.g. "acute nephritic syndrome", "recurrent and persistent haematuria").

The **fourth character** subdivisions listed at the beginning of the block are for use with codes N00 to N07. These identify the exact morphology of the glomerular condition and are only assigned if the condition has been confirmed by histopathology from renal biopsy or autopsy. If there is no histological confirmation of the morphology then a fourth character of .9 *Unspecified* is assigned.

Additional codes can be assigned where necessary to identify any external cause (Chapter XX) and/or the presence of renal failure (N17-N19).

**Example 1:**
A patient is admitted via their GP with oedema and puffiness of face with a positive urinalysis for blood and protein. A clinical diagnosis of chronic nephritic syndrome is made and percutaneous renal biopsy is performed. 'Diffuse membranous glomerulonephritis' is reported on histopathology.
**Codes:**

N03.2 *Chronic nephritic syndrome, diffuse membranous glomerulonephritis*

36561-00 [1074] *Closed biopsy of kidney*

## Renal Failure (N17 - N19)

Renal failure is the condition where the kidneys fail to function properly (due to a decrease in glomerular filtration rate). Renal failure can broadly be divided into two categories **acute renal failure** and **chronic renal failure**.

**Acute Renal Failure (N17)** is a sudden loss of the ability of the kidneys to excrete wastes from the body. Unlike chronic renal failure, it is usually reversible if the underlying cause is identified and treated promptly.

**Chronic Renal Failure (N18)** is the gradual and progressive loss of normal function in the kidneys. People can live normally with 30% of the kidney functioning, however, as renal disease progresses and more kidney function is lost the patient progresses into chronic renal failure. End-stage renal failure is the ultimate consequence, in which dialysis is generally required while the patient waits for a renal transplant.

### Classification

Renal failure can be sequenced as a principal or additional diagnosis depending on the reason for the patient's admission. The selection of the principal diagnosis will be made in reference to the documentation and ACS 0001 *Principal diagnosis*.

Additional codes can also be assigned for the condition/s causing the renal failure e.g. diabetic nephropathy, hypertensive nephrosclerosis, glomerulonephritis, interstitial nephritis, polycystic kidney disease; and for any manifestations caused by the renal failure that have affected the management of the patient's care e.g. anaemia, osteodystrophy, secondary hyperparathyriodism.

**Example 2:** A patient presents with chronic renal failure due to nephrotic syndrome with diffuse membranous glomerulonephritis. The patient was also treated for renal anaemia.

**Codes:**
N18.90 *Unspecified chronic renal failure*
N04.2 *Nephrotic syndrome, diffuse membranous glomerulonephritis*
D64.9 *Anaemia, unspecified*

# Common Renal Co-morbidities

## Renal Disease and Hypertension

The kidneys receive more blood from the heart than any other organ of the body – up to 25% of the volume of every heartbeat goes to the kidneys. Due to this relationship with a large portion of circulating blood, the kidneys play a major role in the regulation of blood pressure. Hypertension is commonly observed in patients with kidney disease. In fact, most patients with chronic renal failure are hypertensive (80-90%). Hypertension can cause damage to the blood vessels and filters in the kidney, making removal of waste from the body difficult.

### Classification

As per ACS 0913 *Hypertensive renal disease* codes from I12 *Hypertensive renal disease* are only assigned if there is a documented causal relationship between the hypertension and the renal disease, e.g. "chronic renal failure due to hypertension", "hypertensive renal failure". If there is no stated causal relationship, then the two conditions will be coded separately. This is a change in guideline from ICD-9-CM.


## Renal Disease and Diabetes

Diabetic nephropathy (renal disease) is a complication of diabetes that is caused by uncontrolled high blood sugar. High levels of blood sugar damages the filtering system of the kidneys by causing them to filter too much blood.

### Classification

As nephropathy and renal failure (acute, chronic, end-stage) are indexed under 'Diabetes, with' in Volume 2, they are classified as diabetic complications. A causal relationship between the diabetes and renal disease does not have to be documented. As per ACS 0401 *Diabetes* 'When diabetic nephropathy changes classifiable to more than one code (E1-.21, E1-.22, E1-.23) are documented, only the most advanced stage should be coded.'

**Example 3:** Nephrotic syndrome with end-stage renal failure in Type 1 diabetes mellitus.

Codes:
E10.23 *Type 1 diabetes mellitus with advanced renal disease*
N04.9 *Nephrotic syndrome, unspecified*
N18.0 *End-stage renal disease*

References:


- ICD-10-AM 4th edn, Vol. 5 Australian Coding Standards, 0401 Diabetes, 0913 Hypertensive renal disease

# Cracking the Code

**A selection of ICD-10-AM related queries.**

### Pre-operative work-up

*How do we code patients who are admitted to hospital for a pre-operative work-up?*

The reason for the forthcoming operation will be the principal diagnosis. The following additional diagnosis will also be assigned:

Z04.8 *Examination and observation for other specified reasons*

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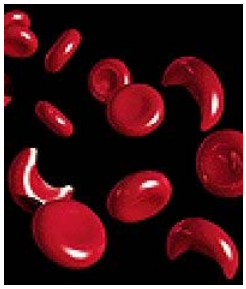
### Coding from haemoglobin results



*A patient has Hb 8.8 documented in the clinical notes and is given a blood transfusion. What anaemia code is assigned in this case?*

As per ACS 0010 *General Abstraction Guidelines* 'Do not code laboratory, x-ray, pathological and other diagnostic results which require the interpretation of the treating clinician to decide their clinical significance and/or relationship to a specific condition.' In the case cited, a code for anaemia would not be assigned unless the condition is clearly documented by the treating clinician.

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### Dialysis batch coding

*When coding day case dialysis episodes, is it necessary to assign any diagnosis codes in addition to the Z49 Care involving dialysis code?*

As per ICS 1404 *Admission for renal dialysis,* additional codes may be assigned to identify the underlying renal disease. Any further additional diagnosis codes would only be assigned if the criteria in ACS 0002 *Additional diagnosis* is met.

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### Albumin transfusion

*Is there a code for transfusion of albumin?*

Albumin is a natural plasma component and is classified as per transfusion of plasma.

See Index entry (Volume 4):

**Transfusion**

- plasma

92062-00 [1893] *Transfusion of other serum*

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### Injection of duodenal ulcer

*What is the code for endoscopic injection of adrenaline into duodenal ulcer?*

See Index entry (Volume 4):

**Injection**

- lesion

- - duodenal (bleeding) (endoscopic)

The correct code to assign is:

30478-07 [870] *Endoscopic administration of agent into lesion of stomach or duodenum*

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### Phototherapy <12 hours

*How do we code a neonate who is re-admitted for phototherapy for less than 12 hours? ACS 1615 Specific interventions for the sick neonate advises that a diagnosis code for jaundice should only be assigned when >12 hours of phototherapy is provided.*

As per the advice in Coding Matters Commandment (CMC) Volume 5 Number 1, a code for the jaundice can be assigned. A procedure code is not required for the case cited.

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### Prematurity - subsequent episodes of care

*What codes are assigned for an ex-preterm infant who is admitted for a weight check?*

As per ACS 1618 *Prematurity* 'Subsequent episodes of care (following the birth episode) where the prematurity is the only reason for admission (eg hospitalisation for monitoring, weight gain or to establish feeding) should have a code from *P07 Disorders related to short gestation and low birth weight, NEC* assigned as the principal diagnosis. However, if the infant is >28 days old and ≥ 2500g on admission, assign *Z51.88 Other specified medical care* as the principal diagnosis and a code from P07 as an additional diagnosis.

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### Chemotherapy injected into bladder

*What pharmacotherapy extension from block [1920] is used when coding this procedure?*

The following code is assigned for injection of chemotherapy into bladder:

96201-00 [1920] *Intracavitary administration of antineoplastic agent*

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**Typanotomy**

*What is a tympanotomy?*

A tympanotomy is an excision into the tympanic membrane of the ear. This procedure is also known as myringotomy. See the following Index (Volume 4) look-up:

**Incision**

- tympanic membrane

**Allergic reaction to food**

*What codes are assigned for a patient who is admitted with an allergic food reaction?*

For adverse food reactions, not further specified, the following codes will be assigned:

T78.1 *Other adverse food reactions, NEC*

Y57.9 *Adverse effect of drug or medicament, un specified*

**Do you have a coding query?**

Please email: **hipecodingquery@esri.ie**

Remember to provide as much information as possible.

Use the Coding Help Sheet as a guide to the amount of detail required.

# The Cracking the Code team!

**Left to right:** Jacqui Curley (Coding Manager), Danielle Calvert, Amanda Coomer, Marie Glynn & Nicole Hopgood

We are delighted to welcome Amanda and Nicole who have joined the coding team in the ESRI. Both are graduates of La Trobe University in Melbourne and have previously worked as Health Information Managers in Australia. They both have extensive experience in ICD-10-AM clinical coding, data quality and data reporting.


## HIPE CODING AUDIT TOOLKIT©

The HIPE Coding Audit Toolkit is now installed in a number of pilot sites.

Hospitals that signed up for the Toolkit at the Casemix Conference will receive the software and installation pack shortly.

To request a HIPE Coding Audit Toolkit licence for your hospital, please email hipecodingquery@esri.ie

**Activity in Acute Public Hospitals in Ireland, 1992-2001 (April 2006)**
**Health Policy and Information Division, HIPE & NPRS Unit, ESRI**

This report is now complete and available to download from the ESRI website (www.esri.ie). Hard copies of the report will be distributed later in the year.

# Upcoming Specialty Workshops

## Renal Workshop

Date: Tuesday 25th July 2006 Venue: ESRI, 4 Burlington Rd, Dublin
Please return completed application forms to Marie Glynn by Wednesday 12th July 2006.

## Cardiology Workshop

Date: Tuesday 10th October 2006 Venue: ESRI, 4 Burlington Rd, Dublin

## Orthopaedics Workshop

Date: Wednesday 11th October 2006 Venue: ESRI, 4 Burlington Rd, Dublin

## Diabetes Workshop

Date: Thursday 12th October 2006 Venue: ESRI, 4 Burlington Rd, Dublin

Please contact Marie Glynn, Training Co-ordinator, HIPE Unit, Health Policy & Information Division, at the ESRI for further information and application forms.

# Upcoming Courses

## Basic ICD-10-AM Coding Course

Dates: Tuesday 5th September - Friday 8th September, 2006
Venue: ESRI, 4 Burlington Rd, Dublin 4

This four day course is intended for HIPE staff who work in the HIPE Department and who will code discharges using ICD-10-AM. If you have coding staff that require basic training, please contact Marie Glynn, Training Co-ordinator, HIPE Unit, Health Policy & Information Division, at the ESRI.

## Intermediate ICD-10-AM Coding Course

Date: Tuesday 12th September - Thursday 14th September, 2006
Venue: ESRI, 4 Burlington Rd, Dublin 4

Candidates will be contacted with details of this three day course.

**Keep in touch:**

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

Danielle Calvert, HIPE Unit, Health Policy & Information Division, ESRI, 4 Burlington Road, Dublin 4
Email: danielle.calvert@esri.ie