

Coding Notes

HIPE & NPRS Unit
Health Research
& Information
Division

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A(H1N1) influenza (Swine Flu) -

ICD-10-AM code J09

This is a new influenza A(H1N1) virus that has never before circulated among humans. This virus is not related to previous or current human seasonal influenza viruses. The virus is spread from person-to-person. It is transmitted as easily as the normal seasonal flu and can be passed to other people by exposure to infected droplets expelled by coughing or sneezing that can be inhaled, or that can contaminate hands or surfaces.

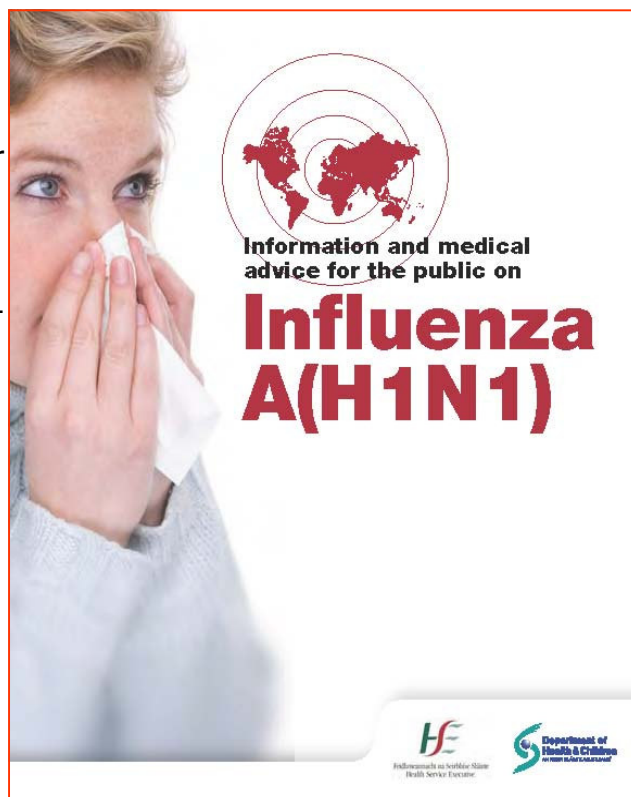
There are no known instances of people getting infected by exposure to pigs or other animals. The place of origin of the virus is unknown.

Signs of influenza A(H1N1) are flu-like, including fever, cough, headache, muscle and joint pain, sore throat and runny nose, and sometimes vomiting and diarrhoea.

The new influenza A(H1N1) appears to be as contagious as seasonal influenza, and is spreading fast particularly among young people (from ages 10 to 45). The severity of the disease ranges from very mild symptoms to severe illnesses that can result in death.

The majority of people who contract the virus experience the milder disease and recover without antiviral treatment or medical care. Of the more serious cases, more than half of hospitalized people had underlying health conditions or weak immune systems. Most people experience mild illness and recover at home.

Source: http://www.who.int/csr/disease/swineflu/frequently_asked_questions/about_disease/en/index.html (accessed 3/7/09)



World Health Organisations recommendations for Coding A (H1N1) [Swine Flu]

1. Influenza A(H1N1) [swine flu] is categorized to **J09**
2. In future editions of the classification the new title of J09 will be "Influenza due to certain identified influenza virus"
3. Future inclusions will mention the particular influenza virus strains that are included in this category.
4. Countries have to identify the cases with identified Influenza A(H1N1) coding the relevant cases to J09.

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6th Edition Queries

Transarterial Chemo Embolisation (TACE)

Is there a code for TACE, Transarterial Chemo Embolisation, which is a treatment strategy for patients with unresectable hepatocellular carcinoma?

For this procedure, a catheter is inserted into the hepatic artery and the artery that is supplying the cancer is identified, sticky plastic granules are injected into the artery, stopping the blood supply to the cancer. A localised dose of chemotherapy is also administered to kill the cancer cells.

There is no single code in ACHI for chemo embolisation. For this procedure, the following codes should be assigned:

[768] 35321-05 *Transcatheter embolisation of blood vessels, abdomen*

and

[1920] 96196-00 *Intra-arterial administration of pharmacological agent, antineoplastic agent.*

Fall in a Bus

An antenatal patient was admitted following a fall whilst standing in the aisle of a moving bus. I am unsure what external cause codes for this case as this as it was not a road traffic accident.

For this case, it may be useful to look at the definition section in Chapter 20

Definitions related to transport accidents (page 470 in the Tabular) defines a traffic accident as 'any vehicle accident occurring on a public highway' see note (C).

Classification and Coding Instructions for Transport Accidents (page 472 in the tabular) states that 'If an accident other than a collision resulted, classify it as a non-collision accident according to the vehicle type involved' (see point 6)

Therefore, the following external cause codes are appropriate for this case:

V78.6 *Bus occupant injured in non-collision transport accident, passenger injured in traffic accident*

Y92.40 *Roadway*

U73.9 *Unspecified activity*

Gastroenteritis

Could you please clarify how gastroenteritis (unspecified) should be coded in 6th Edition?

There is a change in 6th Edition and there are no longer age guidelines for the coding of gastroenteritis. Follow the index and be sure to check the essential modifiers as there are quite a few of these.

Ileocaecal Resection

What is the code for ileocaecal resection?

There is no single code in ACHI for an ileocaecal resection. Two codes are required to cover the totality of the procedure performed:

[895] 30566-00 *Resection of small intestine with anastomosis*

and

[913] 32003-00 *Limited excision of large intestine with anastomosis*

Resection of nasal vestibule

I have a patient with a squamous cell carcinoma (SCC) of nasal vestibule. I am not sure what codes to assign for the procedure performed described as; Resection of right floor of nasal vestibule tumour, right partial rhinectomy and v-y advancement flap.

A review of ACS 1216 *Craniofacial Surgery* may be useful for this case.

For the procedure in question, the following codes should be assigned:

[1701] 90678-00 *Partial resection of other facial bone, not elsewhere classified* (see includes notes for this code)

[1700] 46505-01 *Partial resection of maxilla*

[1651] 45206-01 *Simple and small local skin flap of nose*

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

6th Edition Queries

Blakemore Tube

Is there a code for insertion of a Blakemore tube during an OGD? Patient was admitted with oesophageal varices with bleeding.

The code for the insertion of a Blakemore tube is [1899] 13506-00 *Gastro-oesophageal balloon tamponade*, the *includes notes* at this code mentions Sengstaken-Blakemore tube. The look-up for this code in the alphabetic index is at;

Insertion, tube, gastro-oesophageal.

Syringe Driver

As a syringe driver is a continuous ambulatory drug device (CADD), do we code administration of pain relief medication via same for in-patients? Or is it only to be coded as per Coding Standard 0042 (5 - Drug Treatment)?

The administration of pain relief medication via a syringe driver should be coded to the loading of CADD pump with the extension code – 09: [1920] 96209-09 *Loading of drug delivery device, other and unspecified pharmacological agent*

Casemix Seminar

On 4th June the ESRI hosted a very informative Casemix seminar presented by Professor Jason Sutherland of Dartmouth University in New Hampshire, USA. There were 30 attendees from 26 hospitals, as well as participants from the HSE and the ESRI. We received excellent feedback on the day and would hope to host similar seminars in the future.



Professor Sutherland's international perspective gave the audience information on systems beyond Irish Casemix issues while showing that the national Casemix project is firmly based on international practice.



The presentation covered a wide range of topics including the background to the development of Casemix systems and also on how Casemix systems are used in Canada and the USA. Professor Sutherland dealt in detail with the concepts of Trimming, Relative Values, inlier payment and payments for both short- and long-stay cases.

"a brilliant information exchange"

Participant feedback

Teleconferencing and Virtual Meetings

Thank you to all who responded to our brief questionnaire on teleconferencing in the last issue of Coding Notes. To overcome some of the challenges of distance we are exploring tools for virtual meetings using teleconferencing facilities.

The idea of a virtual meeting is straightforward.

- Meeting participants join the meeting by logging into the meeting website and dialling in using an ordinary telephone to a corresponding teleconference.

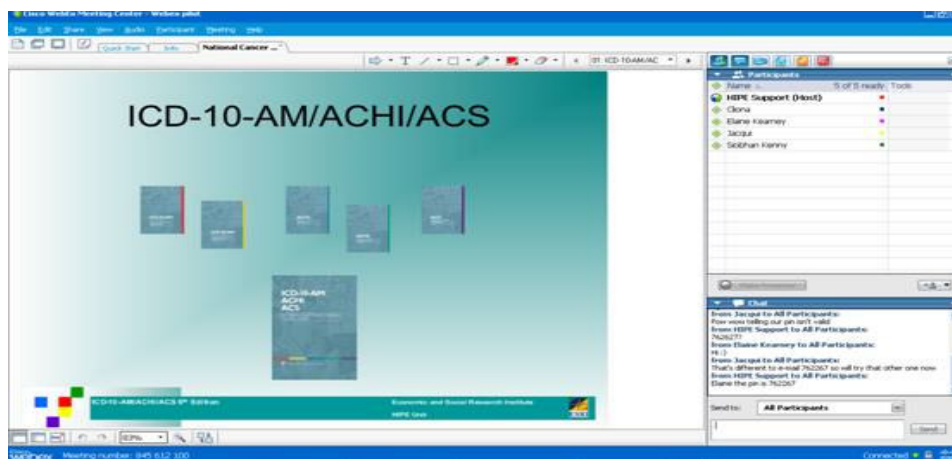


Fig 1. Screen shot from a recent virtual meeting

- The website allows desktop sharing so all participants can view the presenter's computer screen.
- The presenter can demonstrate a particular application (e.g. eBook, W-HIPE, HCAT) or work through a presentation.
- The participants will view the presenter's desktop through the website and hear the presenter through the teleconference.



To join a virtual meeting you need:

- **access to the internet**
- **an ordinary telephone**

We are holding practice introductory sessions on the following dates:
Wednesday, August 5th, 12th and 19th at 2.30pm.

For Further Details:

Please contact cliona.odonovan@esri.ie for further information on participating in these sessions. The first time joining a virtual meeting will require downloading one file which may take a few minutes. The teleconference costs will be equivalent to a regular phone call to Dublin.

HIPE Data Dictionary



The HIPE Data Dictionary has now been produced and will be available on the website (www.esri.ie) shortly.

This dictionary will provide comprehensive definitions of all variables collected by HIPE and derived within W-HIPE software.

Up to 17 pieces of information can be provided per variable, including;

- Variable
- Definition
- Definition Source
- Collected since
- Collected/Derived
- Code Set
- Data Entry Guideline
- Field size

Medical Record Number	
Variable	Medical Record Number
Definition	Unique Identifier assigned by hospital to this patient within this hospital (but not necessarily unique to this patient encounter. All encounters relating to a particular patient in the same hospital should be recorded under the same MRN, but this is not always possible)
Definition source	Hospital
Source	Hospital PAS
Collected since	pre 1990
Collected/Derived	Collected
Code Set	
Data Entry Guideline	Determined by the hospital, if number if digits is less than 7, place leading zeros before the Chart Number. Up to 2 alpha digits allowed, place these before the chart number and in the first position. Chart numbers that are keyed as 6-digits are stored with # in the first position on the National File
Data Type	Alpha
Field Size	7
Reported by	Hospital
Reported for	All cases reported to HIPE
Populated in National File	Y
<small>(If no, this variable is only populated in the hospital version of HIPE and is not available across hospitals)</small>	
Order in Instruction Manual	2
Also known as	MRN
Access Name =	MRN
SPSS Name =	MRN
Upload/Download Name =	MRN

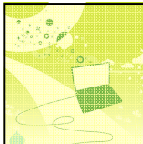
As an education tool it will provide guidance to all those working with HIPE data, ensuring that consistency and data quality is maintained across all hospitals.

It will also be of particular use to researchers, clinicians, and hospital management in understanding the data.

"The data dictionary(is) the foundation of an information system and the central building block that supports communication across business processes."



Guidelines for Developing a Data Dictionary (AHIMA Practice Brief) AHIMA e-HIM Work Group on EHR Data Content. "Guidelines for Developing a Data Dictionary." Journal of AHIMA 77, no.2 (February 2006): 64A-D.



Windows HIPE Updates on the Web

Where a **full** version of the Windows HIPE software is sent out, it will be sent out by CD.

If there is an **update** of Windows HIPE software, it will be placed on our website www.hipe.ie/software for download rather than sending out a CD.

One coder in each hospital is emailed when an update is available. Please contact us by emailing hipe.it@esri.ie if you would like to change your hospital contact for software updates.

What do you need to do?

- Ensure you have an up-to-date **username and password** for the website.
- Ensure you can download from the website (you may need to contact your hospital's IT Dept).
- If you cannot download from the website, you should arrange for your hospital's IT Dept to download the updates for you.

If you would like a username and password set up for you to access this facility please send an email to hipe.it@esri.ie

For those who have a username and password already, but are having trouble downloading the updates due to local security restrictions, please contact us.

How to download an update?

Visit www.hipe.ie/software and enter your username and password details, you can then download software updates.



We encourage all hospitals to download the software updates via the website.

Apart from the postage and environmental issues, having all the updates available in one place will be more convenient than looking for CDs when it comes to changing your computer.

AR-DRG Grouper Version 6.0

A new AR-DRG grouper, version 6.0 will be used for cases coded using the 6th edition of the ICD-10-AM/ACHI/ACS coding classification. The previous grouper was version 5.1 which was introduced in conjunction with the 4th edition ICD-10-AM coding classification in 2005.

Summary of the main changes from AR-DRG 5.1 to AR-DRG 6.0

- ICD-10-AM 6th edition diagnosis and procedure codes are used for version 6.0, while the 4th edition codes are used for version 5.1.
- In the process of developing version 6.0, some AR-DRGs have been deleted, combined or created. There are also other AR-DRG codes that are present in version 5.1 and 6.0 but their meaning has changed.
- Some DRG splits have been revised in version 6.0. As a result, AR-DRGs that have the same designation in version 5.1 may now have different DRG splits.
- Age is not used for partitioning adjacent DRGs (A-DRGs) in version 6 therefore no DRG has age as part of its definition.
- In version 6.0 there is a new category called "OR Procedures Unrelated to Principal Diagnosis" (A-DRG 801). Cases that are assigned to this category would have been assigned to a general error DRG in version 5.1. This new category has a DRG range from 801A to 801C and replaces DRG range 901Z to 903Z.

AR-DRG Classification Comparison

	Version 5.1	Version 6.0
AR-DRGs present in one grouper and absent from the other	152	185
AR-DRGs that are present in both groupers, but have different descriptions	219	219
AR-DRGs that are present in both groupers and have the same description	294	294
Total	665	698

Upcoming Courses



Intermediate HIPE Coding Course

Date: Tuesday 25th August to Thursday 27th August 2009

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

Obstetrics Workshop

Date: Friday 28th August 2009

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



Autumn Courses Anatomy & Physiology



Basic Anatomy & Physiology

Date: Tuesday 6th October – 2 hour lecture **with expert speaker** incorporated into Basic Course

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

Cardiovascular system Coding Workshop with Anatomy & Physiology speaker

Date: Tuesday 27th October from 10.00am – 1.00pm

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

Neuroendocrine system Coding Workshop with Anatomy & Physiology speaker

Date: Tuesday 27th October from 2.00pm – 5.00pm

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

Infectious and Parasitic diseases Coding Workshop with Anatomy & Physiology speaker

Date: Wednesday 28th October from 10.00am – 1.00pm

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

Genitourinary system Coding Workshop with Anatomy & Physiology speaker

Date: Wednesday 28th October from 2.00pm – 5.00pm

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

Basic HIPE Coding Course:

Course: **Module 1** HIPE Basic Training Course

Date: Tuesday 6th and Wednesday 7th October 2009

Course: **Module 2** HIPE Basic Training Course

Date: Tuesday 10th to Thursday 12th November (inclusive) 2009

New Coding Staff

Please contact us if you have new coding staff, as we are planning to hold a one day basic course over the summer.

Please contact Rachel Joyce (Rachel.joyce@esri.ie) for application forms for all training courses.

The HIPE Training Calendar is available on our website at www.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.
Health Research & Information Division, ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2.