

Coding Notes



HIPE & NPRS Unit

Health Research &
Information
Division

Number 49

July 2010

2009 National File Complete Thank You!



The 2009 file has reached a record high with over 1.4 million discharges received.

We would all like to say a big thank you to everyone involved in successfully completing the 2009 National File by the end of June. This is a very impressive achievement considering the many challenges HIPE staff have faced in recent months.

In order to ensure that the data are consistent, timely and accurate, the data quality team have been sending out some final checks on 2009 data - the response to these queries have been very impressive. Again, we would like to thank everyone involved for all the hard work put in to checking cases that were queried as this work is essential in ensuring that the already high standard of HIPE data is maintained. As you all know, following the receipt of the end of June exports, the 2009 national file is now closed for new cases.

The data from the 2009 National File will be used in the preparation of the *Activity in Acute Public Hospitals in Ireland, 2009 Annual Report* which is due to be finalised before the end of 2010. Please see overleaf for information on the 2008 Report.

The HIPE Portal is coming soon!



The HIPE Portal is the next generation of HIPE data collection and reporting software developed by the HRID IT team. It is a replacement for the Windows HIPE software currently in use. The first version of the new system is almost complete.

Recent and upcoming HIPE Portal developments:

- An information website for the HIPE Portal is available at www.hipe.ie/portal.
- A *Frequently Asked Questions (FAQ)* document aimed at IT support staff was distributed recently to all hospitals.
- *Introduction to the HIPE Portal* - A number of sessions introducing the HIPE Portal features will be delivered via Webex in the first three weeks of August.
- *HIPE Portal Launch Days* - A number of half-day training sessions will be held in late August/early September.
- *Specialist HIPE Portal Series* - Commencing in September a number of 'How to' sessions covering different functionality within the HIPE Portal will be delivered via Webex.

A full training schedule for the above courses will be circulated soon and will also be available on www.hipe.ie/portal.

Any questions/queries about the HIPE Portal can be directed to hipe.it@esri.ie.

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Have you got an article for Coding Notes?

For Coding Notes 50th Edition later this year, we thought it would be nice to publish articles written by you, the readers of Coding Notes. If you have something that you would like to include in our celebratory edition, please send us a draft for consideration. The article may be long or short and may cover initiatives that are going on in your coding office, bright ideas that other coders could avail of or something that might help to raise the profile of HIPE— get your thinking caps on!

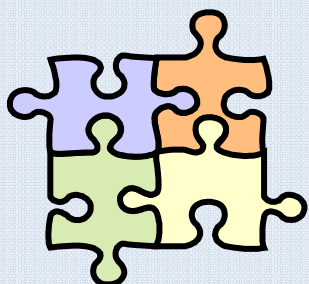


Send draft articles for consideration to siobhan.kenny@esri.ie

2010 National Audit Project

30 Charts Reviewed From Each Hospital

To further enhance data quality and increase confidence in HIPE data we are embarking on a project to develop a HIPE Data Quality Index. Part of this index will be an "Audit Score"; this score will be based on the measures currently reportable through HCAT. Audit is an essential data quality tool aimed at assessing the accuracy of the data. The ESRI HIPE Unit has limited resources to conduct chart-based audits; we are therefore asking for help from our hospital colleagues in further developing Audit within HIPE with the objective of enhancing data quality and accuracy.

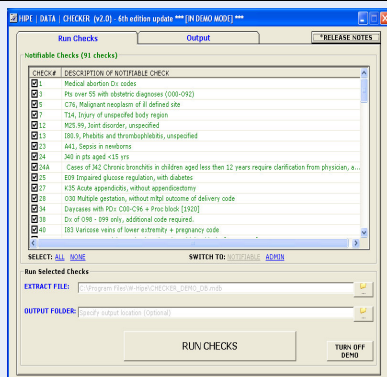


We are therefore requesting that each hospital audit a small random sample (30 discharges) of discharges before the end of October 2010. It is recommended that 2010 discharges are audited and, of course, that individuals do not audit their own work. HCAT can be used to randomly select the discharges. The audited data should be input to HCAT and the HCAT output forwarded to the ESRI. The data will then be analysed in the national context and any findings used for inform further work on development of quality indicators, quality checks and training needs.

To facilitate this exercise, we will run training sessions on HCAT via WebEx over the coming months so please let us know if you would like to join a session.

Audit aimed at enhancing data quality and accuracy is an important function for any data system and we greatly appreciate your cooperation with this important initiative. The findings will be returned to the hospitals and we very much welcome feedback on how this and any other such initiatives might be progressed.

Checker Software V2.0



The *Checker* software is part of a suite of HIPE software designed to flag anomalies in hospital data and is available for use in all HIPE offices. This software has been used for many years internally in the ESRI to identify anomalies in the national file and subsequently produce checking reports for individual hospitals.

The *Checker* has been available since 2008, and a new version of the *Checker* has just been developed to incorporate checks on 6th Edition discharges.

The *Checker* incorporates a total of 140 checks, which identify issues in both administrative details and clinical coded data. Once a queried case has been checked, it can be verified so that the case will not be queried again.

The *Checker* is easy to use and allows cases to be checked before they are exported to the ESRI, minimising cases returned for query at a later date. For the cases queried, you will be asked to either 'please check' or 'please correct' according to the type of check identified.

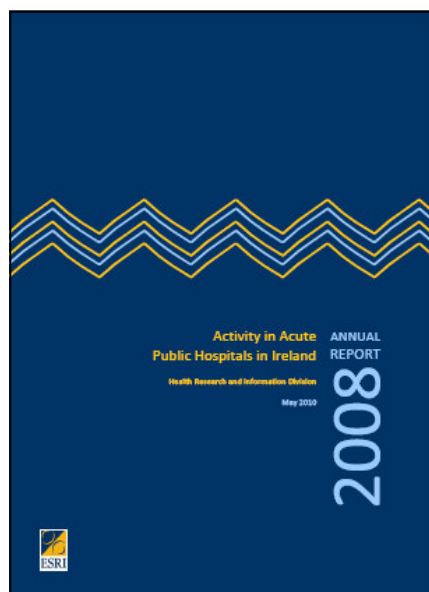
The ESRI recommends that every hospital installs V2.0 of the *Checker* and processes their data through this program before it is exported.



Look out for communication from HIPE IT about the release of V2.0 of the *Checker* and how to install it.

Any questions on the *Checker* program can be sent to HIPEIT@esri.ie

Activity in Acute Public Hospital in Ireland 2008 Report



The latest report from the Health Research and Information Division, *Activity in Acute Public Hospitals in Ireland, 2008 Annual Report*, was published on the 25th May 2010. This report presents summary information relating to the administrative, demographic and clinical variables collected through HIPE, which is a direct product of the high quality work done by coders in the hospitals.

Over 1.36 million discharges were reported by participating hospitals in 2008 which is a slight increase on 2007 figures (3.9 per cent higher). Over half of these discharges were recorded as day patients (56.3 per cent) with the remainder reported as in-patients (43.7 per cent). Close to 70 per cent of in-patients were admitted via the emergency department, with the remainder admitted on a planned basis.

The public/private composition of discharges by HSE area of hospitalisation (Figure 1) shows that the HSE Dublin Mid Leinster area accounted for the highest proportion of public discharges (80.9 per cent), compared to the HSE South which had the lowest proportion of public discharges (73.8 per cent).

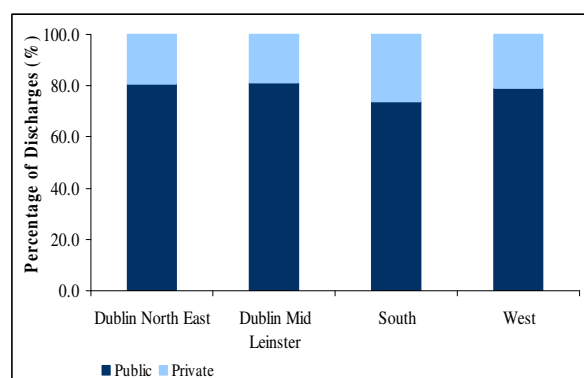


Figure 1: Percentage of total discharges by HSE Area of Hospitalisation

Diagnoses

On average, 2.6 diagnoses were recorded for each HIPE discharge in 2008. Total in-patients recorded 3.5 diagnoses, on average, compared to 2.0 for day patients. Male in-patients recorded a slightly higher number of diagnoses (3.8) compared to their female counterparts who recorded 3.2 diagnoses. The average number of diagnoses per discharge increased with age.

Procedures

Of all discharges recorded in 2008, 79.7 per cent underwent a principal procedure. On average, 1.8 procedures were performed for each discharge for whom a procedure was performed. In-patients who underwent a procedure recorded, on average, a higher number of procedures (2.7 procedures) compared to day patients who recorded 1.4 procedures.

The current and previous HIPE Annual Reports are available at:

www.esri.ie/health_information/latest_hipe_nprs_reports/

Online data requests can be submitted via the following link:

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

Elective V Emergency Admissions

Type of Admission codes

The ESRI recently received a number of queries in relation to Elective versus Emergency admission type codes. The following are definitions of Elective and Emergency admission types as documented in the Instruction Manual:-

1 Elective

The patient's condition permits adequate time to schedule the availability of suitable accommodation. An elective admission can be delayed without substantial risk to the health of the individual.

2 Elective Readmission

Patient admitted electively to continue ongoing treatment or care.

4 Emergency

The patient requires immediate care and treatment as a result of a severe, life threatening or potentially disabling condition. Generally, the patient is admitted through the Accident & Emergency Department.

5 Emergency Readmission

This is an unscheduled readmission following a previous spell of treatment in the same hospital and relating to the treatment or care previously given.

Mode of Emergency Admission:

When an emergency admission is selected, the mode of emergency admission is requested, the options are for mode of emergency admission are:

1 A/E

2 MAU –Admitted as InPatient

3 Other

4 Unknown

5 MAU– Day Only

The following examples illustrate the use of admission codes for queries received to the ESRI:

Example 1:

What type of admission code is assigned for a patient who attended the Emergency Department with an injury and was instructed to come back to the hospital the next day to be admitted. The case was downloaded from the PAS system as type of admission 1 *Elective*, but this was challenged by the edit on W-HIPE.

Assign **type of admission 1 elective** because the patient's condition permitted adequate time to schedule the availability of suitable accommodation. An edit will correctly query this case, but this case can still be saved - *see note on edits on page 5*.

Example 2:

What type of admission code is assigned for a patient who was admitted directly from the Consultants Rooms or Out patient Department?

Assign **type of admission 4 emergency** because the patient required immediate care or treatment. Assign **Mode of emergency 3 other**

Example 3:

What type of admission code is assigned for Paediatric patients who don't come through the Emergency Department but are walk-on patients, who are told to come back whenever they need to.

Assign **type of admission 4 emergency** because the patient required immediate care or treatment. Assign **Mode of emergency 3 other**

Example 4:

What type of admission code is assigned for Paediatric patients who are referred in by a GP - a phone call is made in advance and they don't go through the Emergency Department.

Assign **type of admission 4 emergency** because the patient required immediate care or treatment. Assign **Mode of emergency 3 other**.

Elective V Emergency Admissions

Example 5

What type of admission code is assigned for patients who are transferred from another hospital as a planned day case to have an angiogram/other procedure done and return to their original hospital on the same day?

This type of case will be an **elective admission**, with a Source of Admission code of 3 *Transfer from Hospital*. Please note that not all transfers from other hospitals will be planned. Please review each case and decide on the type of admission from the information available in the chart with consideration of the definitions of *elective* and *emergency* on the previous page.

Example 6

What type of admission code is assigned for patients who are admitted via a Medical Assessment Unit/Surgical Assessment Unit?

Assign **type of admission 4 emergency** because the patient required immediate care or treatment. Assign **Mode of emergency 2 MAU Admitted as Inpatient**

Example 7

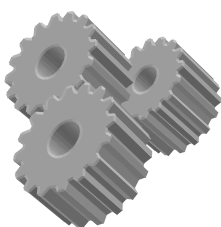
What type of admission code is assigned for patients who are admitted for removal of fracture pins that were inserted in the same hospital 6 weeks ago?

Assign **type of admission 2 elective readmission**.

Example 8

What type of admission code is assigned for patients who are admitted through the Emergency Department and treated for a postoperative complication? The procedure was done at the same hospital two weeks ago.

Assign **type of admission 5 emergency readmission** because the patient required immediate care or treatment. Assign **Mode of emergency 1 A/E**.



W-HIPE edit checks for variables

To ensure data accuracy, validation edits are carried out at data entry level on all HIPE data. Codes that are queried by these edits can be entered if they are correct.



Coder Education Survey
Thank you!

Thank you to all those who took the time to respond to the questionnaire on Coder Education. I am currently analysing the results. Those who responded have been very positive on the issue of moving to accredited and certified coder training .

I will hold the focus groups later in the year as part of this project as I am keen to have some extra feedback through these face to face meetings. Watch out for further information on this project and on the focus group in the next edition of Coding Notes.

Deirdre Murphy

Cracking the Code

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

APO-go Pump

A patient is admitted as a day case for a trial of an APO – go pump, how should I code this admission?

An APO-go pump is commonly used for patients with advanced Parkinson's disease. It is a drug delivery device which delivers a continuous infusion of a drug called *apomorphine* subcutaneously. The apomorphine works to treat motor fluctuations.

For the admission, we suggest assigning the following code:

Z45.1 *Adjustment and management of drug delivery device*

If the patient's pump was loaded and they also received a dose while admitted to hospital, then the following procedure codes can be assigned:

[1920] 96200-09 *Subcutaneous administration of pharmacological agent, other and unspecified pharmacological agent*

[1920] 96209-09 *Loading of drug delivery device, other and unspecified pharmacological agent*

If the patient's pump was loaded, but they did not receive a dose of the drug during their episode of care, assign only:

[1920] 96209-09 *Loading of drug delivery device, other and unspecified pharmacological agent*

Dislodged PEG

Could you please provide advice on how to code a dislodged PEG tube?

To code a dislodged PEG (percutaneous endoscopic gastrostomy) tube, we advise looking up the main term 'displacement' in the alphabetic index.

Displacement, displaced

- device, implant or graft (*see also Complications, by site and type, mechanical*) T85.6

- - gastrointestinal (bile duct) (oesophagus) T85.5

Assign the following codes:

T85.5 *Mechanical complication of gastrointestinal prosthetic devices, implants and grafts*

Y83.3 *Surgical operation with formation of external stoma*

Y92.22 *Health service area*

Sigmoidoscopy with Tattoo

I have a case where a patient had a sigmoidoscopy and had tattooing of sigmoid lesion, there is an index entry for colonoscopy with administration of tattooing agent, but none for sigmoidoscopy.

We suggest assigning the following code for the sigmoidoscopy with tattooing of sigmoid lesion:

[905] 32084-02 *Fibreoptic colonoscopy to hepatic flexure with administration of tattooing agent*

There is no index entry for sigmoidoscopy with administration of tattooing agent, but as a sigmoidoscopy (with no other modifiers) goes to a colonoscopy to hepatic flexure, then by the same logic, we can assign the above code for a sigmoidoscopy with administration of tattooing agent.

Obstetric Repair of Bladder

During a caesarean section the bladder was inadvertently cut. Which code should we assign to the repair procedure of the bladder – [1104] 37004-02 *Other repair of bladder* or an obstetric bladder repair – [1344] 90480-00 *Suture of current obstetric laceration or bladder and/or urethra without perineal involvement*?

Assign [1344] 90480-00 *Suture of current obstetric laceration of bladder and/or urethra without perineal involvement* for the repair procedure as this is a more specific procedure code and the cause of the laceration will be captured in the diagnosis codes.

Removal of Implanon

A female patient was admitted to have Implanon (contraceptive device) removed. What codes should be assigned for this admission?

Implanon is a contraceptive device, placed under the skin, usually on the upper arm. It releases progesterin and lasts up to three years.

For the admission, we suggest assigning the following codes:

Z30.5 *Surveillance of (intrauterine) contraceptive device*
Checking, reinsertion or removal of (intrauterine) contraceptive device

For the procedure code, we suggest the following:

[1908] 92202-00 *Removal of therapeutic device, not elsewhere classified*

ERPC

A patient was admitted following a spontaneous abortion, she was in her first trimester. She had an ERPC (evacuation of retained products of conception) performed. Is it correct to assign [1265] 35643-03 *Dilation and evacuation of uterus [D&E]* even though the note a this code states 'performed for second trimester termination of pregnancy'?

Yes, the code [1265] 35643-03 *Dilation and evacuation of uterus* [D&E] is to be used for evacuation of retained products of conception (ERPC), whether the patient was in her first or second trimester.

Multiple Renal Dialysis

If a patient receives renal dialysis numerous times while an inpatient, is it appropriate to code the dialysis

as many times as it is performed?

No, only code the renal dialysis once, as per ACS 0020 *Bilateral / Multiple Procedures*.

The HIPE Portal will have a facility to collect information, where needed, such as number of dialysis treatments performed.

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 Issues - Additional Diagnoses

Please take time to ensure that all appropriate codes are recorded to ensure the totality of codes is accurate in each case – i.e. all the required codes are captured to reflect the patient's condition according to national coding guidelines. By following the 5 steps to Quality Coding you will ensure that all relevant information regarding the episode is reflected in the codes that are assigned to the episode of care.

Always refer to coding guidelines and standards to ensure all the required codes are captured. In particular for conditions that can affect multiple body systems or sites, such as stroke/CVA, diabetes or neoplasms.

Other points to remember are:

- Read the discharge letter/summary.
- Review the entire medical record to ensure that any information in the discharge letter/summary is backed up in the clinical notes.
- Look out for additional diagnoses that are documented in the clinical notes that may not be mentioned in the discharge letter/summary e.g. history of tobacco use.

- Always refer to instructional notes in the tabular index of the classification
 - For example: There is a 'use additional code to identify the presence of hypertension' note at the beginning of the code range I60 – I69 *Cerebrovascular Diseases* instructing that presence of hypertension is to be coded. Therefore if a patient has hypertension this is also to be coded regardless of whether this is treated or not.
- For patients with stroke/CVA always review the documentation to check if the patient has any deficits from a current or old CVA that meet criteria for collection as additional diagnoses - see ACS 0604 Stroke.

Diabetes

There are extensive guidelines for the coding of the different types of diabetes and associated conditions as provided in ACS 0401 *Diabetes*. The following are some helpful points from this standard that you need to know when coding diabetes:

- The type of diabetes (usually Type 1 or Type 2)
- Additional diagnoses occurring with the diabetes – remember to check the alphabetic index for terms under 'Diabetes, with' or 'diabetic'
- When recording diabetes remember to fully code all the elements of the diabetes
 - For type 2 Diabetes, other specified, and unspecified types of Diabetes use additional code (Z92.22) to identify current pre-admission or ongoing insulin treatment.
- The code for long term use of insulin (Z92.22) is never used with Type 1 diabetes.
- When there is documentation of 'unstable', 'for stabilisation', 'uncontrolled', 'poorly controlled' or 'poor control', the code E11.65 **Diabetes mellitus with poor control* should be assigned as principal or additional diagnosis as appropriate. When patients in this category have recognised

diabetic complications, assign additional appropriate code(s) from E10–E14.

- The guidelines regarding coding metabolic syndrome/insulin resistance syndrome:
 - For **Type 2 diabetes** with obesity, hypertension or lipid disturbance is/are documented assign the code for *diabetes with features of insulin resistance* = E11.72 + code/s for conditions.
 - When obesity, hypertension or lipid disturbance is/are documented with **Type 1 diabetes**, assign the appropriate diabetes code with these conditions as additional diabetes.
- Newly diagnosed diabetes without any other diabetic condition or complication is coded to the type of diabetes with fourth character of .9 *without complication* (E1x.9).
- Due to the number of conditions and criteria involved in the coding of multiple microvascular complications the alphabetic index does not lead directly to code E1x.71 *Multiple microvascular complications of diabetes*. Therefore always refer to the relevant section of ACS 0401.

Upcoming Courses



Coding Skills III (Previously Intermediate)

Date: Tuesday 24th–Thursday 26th August

Venue: ESRI

Introduction to HIPE

Date: Tuesday 7th & Wednesday 8th September (two 2 hour sessions)

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

Introduction to Anatomy & Physiology

Date: Tuesday 21st September (1/2 day am)

Venue: ESRI

Coding Skills I (Previously Basic Module 1)

Date: Tuesday 21st & Wednesday 22nd September

Venue: ESRI

Anatomy & Physiology (Topics to be confirmed)

Date: Tuesday 5th & Wednesday 6th October
(4 half day courses)

Venue: ESRI

Coding Skills II (Previously Basic Module 2)

Date: Tuesday 19th - Thursday 21st October

Venue: ESRI

Apply Online!

Applications for upcoming courses can be made online via the ESRI website:

[www.esri.ie/
health_information/hipe/
clinical_coding/training/](http://www.esri.ie/health_information/hipe/clinical_coding/training/)

Enquiries about training can be sent to:

hipetraining@esri.ie

Upcoming Courses via WebEx

Diabetes

Date: Wednesday 25th August **Time:** 10am-1pm

Refresher

Date: Friday 27th August **Time:** 11am-1pm

Please contact hipetraining@esri.ie with details of topics that you would like covered at this course—no later than 6th August.

Data Quality Day

The next HIPE Data Quality session will be held via WebEx on Thursday 9th September.

Watch out for communication from the Data Quality team advertising the topics that will be covered!

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 access to useful information [www.esri.ie/
health_information/find_it_fast/](http://www.esri.ie/health_information/find_it_fast/)