Coding Notes

HIPE PORTAL

The HIPE Portal

HIPE PORTAL

The HIPE Portal is the next generation of HIPE data collection and reporting software and has now replaced the Windows HIPE software.

Welcome new features within the HIPE Portal include the option to record multiple consultants beside each diagnosis, eliminating the necessity to repeat diagnoses. In addition, there is now an option to show longer code descriptions and a function to re-order the position of additional diagnoses and procedures. The export process has been streamlined and exports are now faster and easier to do.

The HIPE Portal facilitates the collection of new variables, including the ability to collect up to 29 additional diagnoses, a date for each procedure, parity, semi-private days, health insurer for private patients and a Hospital Acquired Diagnosis Indicator (HADx). (*Please refer to page 3 for frequently asked questions on the HADx.*) A number of training sessions have been held on the new HIPE variables and additional training sessions will be scheduled for coders as required. If you would like to join a training session on the new HIPE variables, please contact us at hipe.training@esri.ie

The HIPE Portal Reporter has been re-designed and now contains many enhanced new features. A new search facility enables the user to enter key words to search for the report feature they require. The Report Summary feature found on the right of the screen gives a snapshot of the number of selected cases so the user can quickly gauge if the correct selection has been made. As with Windows HIPE, there is an option to store report criteria so the user does not have to repeatedly enter selections for reports that are repeated often. We have held a number of training sessions covering an overview of the

Click here to show longer code descriptions   Click here to re-order diagnoses

features available in the Portal Reporter, if you would like to participate in similar future sessions, please let us know.

Feedback received from users of the HIPE Portal has been positive. After a brief adjustment period, coders find the data entry aspect to be user friendly and like the new features available to them. Additional software previously available in Windows HIPE such as HCAT and the Checker programs are currently being re-designed for use with the HIPE Portal. Future development of the HIPE Portal will focus on the aim of expanded access to the data for the users of HIPE.

We would like to thank everyone involved for their co-operation and patience during the installation of the HIPE Portal and for your support for this important initiative. We would also like to thank you for the helpful feedback provided.

Inside this issue:

Please see our website www.hipe.ie/portal for regularly updated information about the HIPE Portal including updates, documentation and installation guides.

If you have any questions in relation to the Portal you can email any queries to hipe.it@esri.ie or call the IT team at 01 - 8632000.

Perinatal Statistics Report 2009

Perinatal Statistics Report 2009

Health Research and Information Division
June 2011

The **2009** report on perinatal data from the National Perinatal Reporting Systemis now available on-line.

The NPRS collects and reports on every birth that occurs either in hospital or at home in Ireland. This report looks at the general characteristics of infants and mothers, including infant's birthweight, gestational age and month of birth. Maternal features including age, parity, occupation, nationality, and marital status are reported. Analysis 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 2009, the NPRS reports over 76,000 births, which is an increase of less than 1 per cent since 2008 but is almost 38 per cent higher than 2000. Ireland reported the highest birth rate of any of the 27 EU countries (17.0 per 1,000 population); compared to the birth rate of 14.4 per 1,000 population in 2000.

Some of the main findings of the 2009 report are:
- Over 26% of women delivered by caesarean section in 2009, compared to 21% in 2000, representing a 25% increase in deliveries by caesarean section over the decade.
- Over 45% of babies were reported to be exclusively breastfed at discharge from hospital, this compares to 38% in 2000.
- The average age of women giving birth has increased from 30.2 years in 2000 to 31.3 years in 2009.
- Over 27% of women giving birth were aged 35 years or older, up from 22% for this age group in 2000; 3% of women giving birth were aged 19 years or less, compared to almost 6% in 2000.
- Almost 24% of births in 2009 were to mothers born outside Ireland.

NPRS Reports are available at
www.esri.ie/health_information/latest_hipe_nprs_reports/

Keep an eye on Latest News for details of HRID publications using HIPE and NPRS data
www.esri.ie/health_information/latest_news/

Merging of University College Hospital Galway and Merlin Park Hospital

From the end of May 2011, HIPE data collection will reflect the HSE mandated merging of two hospitals in Galway. The two hospitals are University College Hospital Galway and Merlin Park Hospital, now merged and named 'Galway University Hospitals'. The HIPE episodes for patients attending both of these hospitals since January 2010 have now been merged into a single HIPE database referred to as Galway University Hospitals.

Please note that;

- For all data from 1.1.2010 the HIPE system recognises one hospital 'Galway University Hospitals' formerly known separately as UCHG and Merlin Park.

- The transfer code 0800 is to be used for both hospitals UCHG and Merlin Park. The transfer code 0801 (Merlin Park) is now invalid.

- A new version of Portal software (or W-HIPE) has been issued resetting any 2010 and 2011 cases that have already been entered, automatically replacing the old transfer code for Merlin Park (0801) with the transfer code 0800.

- There is an updated version of the HIPE Instruction Manual that reflects the above changes (see pg. 15 for DoH&C transfer codes). The Instruction Manual is available in the Find it Fast section of our website www.esri.ie/health_information/find_it_fast/

Hospital Acquired Diagnosis

See ICS 0048 *Hospital Acquired Diagnosis (HADx) Indicator*

The collection of the Hospital Acquired Diagnosis Indicator is in line with international practice and 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.

The following concepts are helpful to bear in mind when collecting the HADx Indicator;
- The collection of the HADx indicator is a separate concept to the coding itself.
- The HADx should not influence the principal diagnosis decision or any other coding decision.
- The diagnosis codes should be assigned and sequenced according to coding convention, Australian Coding Standards and Irish Coding Standards.
- The HADx indicator is then assigned according to guidelines in Irish Coding Standard 0048 & Australian Coding Standards 0048 Condition Onset Flag.

Frequently Asked Questions

Can the ESRI provide a list of the conditions to be coded as HADx?

There is no list of conditions available that are always considered hospital acquired diagnosis (HADx) and each patient's case is individual. The collection of the HADx also depends on the documentation and this will not be the same for each case. ICS 0048 states 'If in doubt please do not assume a condition is hospital acquired'.

An obstetrics patient has a normal delivery except for a 2nd degree tear – the tear is the principal diagnosis is it correct for the tear not to be coded as HADx?

Obstetrics cases by their nature may have conditions that arose after admission, such as a tear or a post partum haemorrhage, assigned as principal diagnosis. In such cases the HADx cannot be assigned as it is only collected for additional diagnoses. Please code and sequence diagnoses in accordance with coding guidelines and then apply the HADx. The HADx should not influence the sequencing of codes.

If a patient is admitted in labour complicated by hypertension, will the HADx indicator be ticked?

The HADx indicator will not be ticked. It is only ticked when it is clear from the documentation that the condition arose during the current episode of care and in this case the patient was admitted with the condition.

If a patient is transferred from Hospital A to Hospital B with a hospital acquired infection, will the coder in Hospital B tick the HADx Indicator for the infection?

In this case the infection was present when the patient was admitted to Hospital B and was not acquired during the current episode of care so therefore the coder at Hospital B will not tick the HADx indicator. Do not assume that hospital acquired infections or post procedural complications always arise after admission.

As stated in ICS 0048 *Hospital Acquired Diagnosis (HADx) Indicator* 'The Hospital Acquired Diagnosis indicator will be collected by HIPE for diagnoses that were not present on admission but are acquired by the patient during the current episode of care'.

If a patient is admitted with MRSA would this be given a HADx indicator?

No, as the MRSA was present on admission it will not be collected as a Hospital Acquired Diagnosis. The HADx is only ticked when it is clear from the documentation that the condition (in this example the MRSA) arose during the current episode of care.

Is Y95 *Nosocomial condition* assigned with all conditions that require the HADX indicator?

No, Y95 *Nosocomial condition* is not assigned for all conditions that require the HADx indicator. Y95 is assigned when a condition has been clearly documented as hospital acquired during this episode of care by the clinician. It is also important to note that the condition may have been acquired in a previous episode of care and may not originate during this admission. Only assign the HADx indicator when it is clear that a condition has arisen during the current episode of care. Do not assume that all cases with a HADx will have this code recorded.

If a patient with a history of COPD develops a lower respiratory tract infection when they are in hospital and it is documented as exacerbation of COPD, would this condition require a HADx indicator?

ICS 0048 Hospital acquired Diagnosis (HADx) indicator states 'The indicator can only be assigned to a true hospital acquired condition and not to an exacerbation of a pre-existing condition'. In this case the HADx indicator will not be ticked for exacerbation of COPD which is an existing condition.

How will the coder know from the documentation whether a condition requires a Hospital Acquired Diagnosis indicator?

Coders must be guided by the chart documentation as to whether a condition is hospital acquired – if the coder is unsure please do not assign a flag for hospital acquired.

Please see ICS 0048 which states "The indicator will allow the diagnoses acquired during the episode of care that were not present prior to admission to be identified. The indicator can only be assigned to a true hospital acquired condition and not to an exacerbation of a pre-existing condition.
If in doubt please do not assume a condition is Hospital Acquired. This must be clearly documented before the flag is used."

Coding Guidelines

Impaired glucose regulation (IGR)

Also described as prediabetes, impaired glucose tolerance (IGT) and impaired fasting glycae-
mia (IFG) refer to abnormal metabolic states intermediate and transitional between normal
glucose homeostasis and diabetes that may remain static but (less often) revert to normal.
Aside from the increased likelihood of progression to diabetes, patients with IGR
(particularly IGT and especially those meeting the criteria for both IFG and IGT) appear to
be as prone to major cardiovascular complications as those with diabetes.

IGT is defined, on the basis of a correctly conducted oral glucose tolerance test (according
to WHO guidelines) by fasting venous plasma glucose below 6.9 mmol/L with 2-hour post-glucose venous plasma glu-
cose 7.8–11.0 mmol/L. IFG is defined by a fasting venous plasma glucose between 6.1–6.9 mmol/L.

Source: ACS 0401 *Diabetes mellitus and impaired glucose regulation*

IGR with multiple microvascular complications

CLASSIFICATION

E09.71 *Impaired glucose regulation with multiple microvascular complications* should be assigned when the patient
has **conditions classifiable to two or more of the following three categories:**

1. Kidney complications (E09.2-)
2. Ophthalmic complications (E09.31–E09.32)
3. Neurological complications (E09.4-)

Assign E09.71 as the principal diagnosis only when no one complication meets the definition of principal diagnosis.
Additional codes for the specific complications should also be assigned.

Example

A patient with IGR was admitted with chronic kidney disease (GFR =14). The patient also has hypertension and cataract.
The patient had haemodialysis.

Codes:

E09.29	*Impaired glucose regulation with other specified kidney complication*
N18.5	*Chronic kidney disease, stage 5*
E09.71	*Impaired glucose regulation with multiple microvascular complications*
H26.9	*Cataract, unspecified*
E09.72	*Impaired glucose regulation with features of insulin resistance*
I10	*Essential (primary) hypertension*

Procedure codes:

13100-00[1060] *Haemodialysis*

Note:

The patient had kidney and ophthalmic complications = E09.71 *Impaired glucose regulation with multiple microvascu-
lar complications*. The kidney complications met the definition of the PDx, therefore E09.29 *Impaired glucose regulation
with other specified kidney complication* was assigned as the PDx.

For further guidelines and examples on multiple complications in Diabetes & IGR please refer to
ACS 0401 *Diabetes Mellitus and Impaired Glucose Regulation*.

Coding Guidelines

Gestational Diabetes Mellitus (GDM) & Impaired Glucose Regulation (IGR) in Pregnancy

During pregnancy, WHO categorises any degree of glucose intolerance (in a correctly conducted glucose tolerance test according to WHO guidelines) as diabetes and **does not separately categorise IGR.**

GDM cannot be differentiated from impaired glucose tolerance or Type 2 diabetes first diagnosed at that time. Even in those women with gestational diabetes whose glucose tolerance returns to normal after delivery (the most commonly encountered scenario), the risk of subsequently developing Type 2 diabetes increases progressively, particularly in those women who remain overweight or obese and/or are physically inactive.

Source: ACS 0401 *Diabetes mellitus and impaired glucose regulation*

If there is documentation of Impaired Glucose Regulation (IGR) in a pregnant patient who didn't have Impaired glucose regulation (IGR) before the pregnancy, a code from O24.4- *Diabetes mellitus arising during pregnancy* is assigned.

> **Example**
> Patient admitted at 39 weeks gestation in labour and delivered a live born female. The patient was described as having gestational impaired glucose regulation (managed by diet). There were no complications of the labour or delivery.
>
> **Codes:**
> O24.44 *Diabetes mellitus arising during pregnancy*
> Z37.0 *Single live birth*

Points to remember when assigning codes for Diabetes mellitus & Impaired glucose regulation complicating pregnancy (O24 *Diabetes mellitus in pregnancy*)

- Remember to assign codes for any pre-existing complications of Diabetes mellitus or Impaired glucose regulation (IGR) to ensure that all relevant complications are reflected in the HIPE record.

- If a pregnant patient with Gestational Diabetes has a history of Gestational Diabetes in a previous pregnancy assign Z87.5 *Personal history of complications of pregnancy, childbirth and the puerperium* as an additional code and sequence this AFTER the code for the Gestational Diabetes on the current episode.

Coding of IMRT & IGRT

Intensity Modulated Radiotherapy (IMRT): This procedure is coded using 2 codes –
The appropriate radiotherapy treatment code e.g.
[1788]15269-00   *Radiation treatment, megavoltage, ≥ 2 fields, dual modality linear accelerator*

IMRT Dosimetry code
[1799] 15524-01   *Dosimetry by CT interfacing computer for intensity modulated radiation therapy [IMRT]*

Image Guided Radiotherapy (IGRT): This procedure is coded using 2 codes –
The appropriate radiotherapy treatment code e.g.
[1788]15269-00   *Radiation treatment, megavoltage, ≥ 2 fields, dual modality linear accelerator*

The following code for image guidance
[1798] 15550-00   *Radiation field setting for three dimensional conformal radiation therapy [3DCRT]*

A new Irish Coding Standard, **ICS 0229 *Radiotherapy*** will be introduced to provide guidance on the coding of Intensity Modulated Radiotherapy (IMRT) and Image Guided Radiotherapy (IGRT). This standard applies to cases where radiotherapy is administered. Please refer to this standard for further guidance on the coding of IMRT and IGRT together.

This guideline has been developed in conjunction with the National Cancer Control Progamme (NCCP) to provide a national standard for the coding of radiotherapy treatment delivered by IMRT and IGRT.

Cracking the Code

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

ACL Tear

Q. What is the correct code for a torn Anterior Cruciate Ligament?

A. ACS 1319 *Meniscus/Ligament Tear of Knee, NOS* states 'When coding a diagnosis of torn meniscus or ligament, **not specified as current or old**, attempt to obtain clarification from the clinician. **Assume that the injury is old unless specified as acute**. This contradicts the default provided in the ICD-10-AM Alphabetic Index to current injury.'

ACL without a tear, a rope-like ligament

A complete tear of ACL
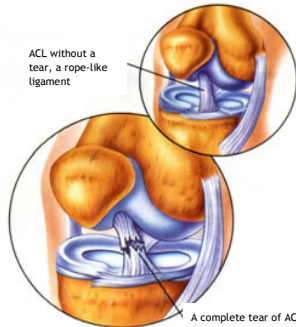
Source: www.drwaltlowe.com

In this case assign:

M23.51 *Chronic instability of knee, anterior cruciate ligament or anterior horn of medial meniscus*

Plus appropriate external cause codes.

Hand, foot and mouth disease

Q. What code should I assign for a diagnosis of hand, foot and mouth disease?

A. Hand, foot and mouth disease (HFMD) is a common viral illness of infants and children. The disease causes fever and blister-like eruptions in the mouth and/or a skin rash. HFMD is often confused with foot-and-mouth (also called hoof-and-mouth) disease, a disease of cattle, sheep, and swine; however, the two diseases are not related—they are caused by different viruses. Humans do not get the animal disease, and animals do not get the human disease (www.cdc.gov/ncidod/dvrd/revb/enterovirus/hfhf.htm).

Assign:

B08.4   Enteroviral vesicular stomatitis with exanthema
   Hand, foot and mouth disease

Look-up:
Disease,
 - hand, foot and mouth **B08.4**

Rectus Sheath Haematoma

Q. What code should be assigned for a rectus sheath haematoma with no history of injury.

A. Non traumatic rectus sheath haematoma should be coded to M62.88 *Other specified disorders of muscle, other site*.

Rectus abdominis

There is no index entry for rectus sheath haematoma, so if you look up haemorrhage, muscle, you are directed to M62.8- *Other specified disorders of muscle*. The fifth character of 8 is chosen, as the rectus muscle is in the abdomen. Alternatively, if you look up disorder, muscle, the index will bring you to the same code.
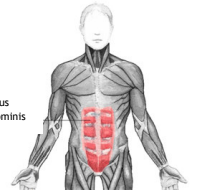
Unknown Admission Weights

Q. I have a case where an 18 day old baby is admitted for a tongue tie release. The weight of the baby is not recorded anywhere in the chart, what should I do to store the case?

A. This is a highly unusual case where no weight is captured for an infant and HIPE requires weight for all infants aged less than 28 days. If you have not already done so, we recommend looking at the anaesthetist's notes as often the weight of the patient determines the dosage of anaesthesia, also please check the admitting details on the nursing notes. If the weight of a neonate is not recorded please check with the relevant team for further information. For the moment, and only if no further information is available, please use an admission weight of 9999 grams. Please note that while this option is available, instances of an admission weight of 9999 may be queried.

Section 12 Admissions

Q. What codes should I assign for children that are admitted under 'Section 12'.

A. Patients can be admitted under Section 12 of the Child Care Act for various reasons so each case must be coded according to the particular circumstances of the admission. For example, if the patient was admitted because of an injury, this should be coded as the principal diagnosis. Depending on the specific circumstances, a

Cracking the Code

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

code from Z60 *Problems related to social environment* may be appropriate to some instances. However, if there is no other information available as to why the patient was admitted and no other codes are applicable, then Z76.8 *Persons encountering health services in other specified circumstances* may be assigned.

Multi-day Chemotherapy

Q. I understand that I assign a procedure code for same-day admissions for chemotherapy for a neoplasm with a principal diagnosis of Z51.1, but should I code chemotherapy given for multi-day inpatient admissions?

A. Yes, chemotherapy given during multi-day episodes of care is coded. Multi-day admissions for chemotherapy have the condition requiring treatment coded as the principal diagnosis. When the patient receives chemotherapy

a number of times during an admission and the same procedure code applies, this is assigned once.

Please refer to ACS 0044 *Chemotherapy* for further guidance on the coding of chemotherapy.

Borderline Diabetic

How do I code a borderline diabetic, do I take it that the patient is diabetic or not?

For borderline diabetes we suggest assigning code E09.9 *Impaired glucose regulation without complication*. In this case E09.9 would be assigned as a secondary diagnosis only if it meets criteria in ACS 0002 Additional Diagnosis.

Please see page 4 for further information on impaired glucose regulation.

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/

Data Quality Reminder - Correct Coding of MRSA

MRSA has two different meanings, so please check locally if MRSA refers to *Methicillin* Resistant Staphylococcus Aureus (Z06.32) or *Multi Resistant* Staphylococcus Aureus (Z06.8).

- When **ONLY** Methicillin resistant is documented: assign **Z06.32**

- When Methicillin resistant **AND** Multi-resistant are documented together: assign **Z06.32**

- When **ONLY** Multi-resistant is documented: assign **Z06.8**

Please note: Z06.32 *Methicillin resistant agent* is assigned where the agent resistant to multiple antibiotics includes methicillin.

Colonisation with drug resistant bacterial agent

If a patient has a positive swab for MRSA but **no infection is present,** the following additional diagnoses codes should be assigned:

> Z22.3 *Carrier of other specified bacterial disease*
> Z06.- *Bacterial agents resistant to antibiotics*

These codes will only be assigned if they meet the criteria in ACS 0002 Additional diagnoses.

Please refer to ICS 0112 *Infection with Drug Resistant Microorganisms* for further information on the coding of MRSA.

Locum Coders: We are occasionally asked by hospitals if we know of any experienced coders available for locum or temporary work. While we cannot recommend anyone, we can put coders in contact with hospitals if we know people are interested. Contact us if you would like to do this type of work.
hipecodingquery@esri.ie

Upcoming Courses

Training Requests e-mail: Thanks to those who responded to the training requirements email, submitting suggestions of topics for HIPE training courses. The list of scheduled courses below include topics that were suggested and other courses based on suggestions will be arranged later in the year.

You can apply for these courses online at: www.esri.ie/health_information/ clinical_coding/training/

New Coders: Please inform us if there are any new coders that require training at your hospital or experienced coders requiring training in new specialties.

Coding Skills IV Workshops

Pain Management

Date: Tuesday 16th August

Time: 10am - 1pm

Mode of Delivery: via Webex & ESRI

Procedural Complications & Sequelae

Date: Tuesday 16th August

Time: 2pm - 4.30pm

Mode of Delivery: via Webex & ESRI

Obstetrics

This course will start with a presentation by a midwife and will include HADx.

Date: Wednesday 17th August

Time: 10am - 4pm

Mode of Delivery: via Webex & ESRI

Gynaecology

Date: Thursday 18th August

Time: 10am - 1pm

Mode of Delivery: via Webex & ESRI

Neonates

Date: Thursday 18th August

Time: 2pm - 4.30pm

Mode of Delivery: via Webex & ESRI

Ventilation

Date: Friday 19th August

Time: 11am - 1pm

Mode of Delivery: via Webex

Other Courses

Infectious & Parasitic Diseases

Infectious & Parasitic Diseases - A&P

This course will be delivered by a specialist speaker.

Date: Wednesday 24th August

Time: 10am -12pm

Mode of Delivery: via Webex & ESRI

Followed by:

Infectious & Parasitic Diseases - Coding

Date: Wednesday 24th August

Time: 2pm – 4pm

Mode of Delivery: via Webex & ESRI

Anatomy & Physiology of the Kidney

This course will be delivered by a specialist speaker.

Date: Thursday 25th August

Time: 10am –12pm

Mode of Delivery: via Webex & ESRI

Coding Skills III

Date: Tuesday 4th Oct - Thursday 6th Oct

Time: 10am –5pm each day

Mode of Delivery: ESRI

Thought of the month

"A hero is an ordinary individual who finds the strength to persevere and endure in spite of overwhelming obstacles."

Christopher Reeve
1952-2004, Actor, Director and Producer

If you have any queries, questions , comments or examples for any of the above courses, please send them in to us.
hipe.training@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/