Coding Notes
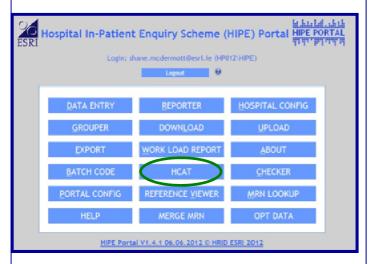
HIPE Coding Audit Toolkit (HCAT) in the HIPE Portal

The HCAT software was originally provided to hospitals in 2006 and has been updated over the years to accommodate changes in the HIPE system. This data quality tool has now been refreshed and updated as part of the HIPE Portal and will be available this Summer.

The HCAT will be easier than ever to use—with enhanced access and reporting. The HCAT can be accessed from any computer connected to your Portal server to facilitate your audit activities (with password restrictions).

HCAT now has 4 steps;

1. Identify episodes for audit-based on a HIPE portal extract
2. Key audited episodes
3. Review/analyse episodes
4. Project Reporting

There is a' How To Use Document' incorporated into the programme which can be accessed easily.

Training

We will be holding training sessions for the new HCAT software over the summer and will contact hospitals with options for training dates. These sessions will be available both via WebEx and at the ESRI.

ESRI Chart Based Audit

The ESRI will be undertaking a new approach to chart based audit whereby more frequent audits will be performed in more hospitals. These will be short audits – it is envisaged that a sample size of about 30 charts will be requested. Local training in hospitals on using the Portal HCAT can be arranged during these audit visits.

More in-depth audits may be required for specific issues. The ESRI may also be requested by the HSE and the Department of Health to conduct chart based audits of HIPE data. In the future the findings of all HIPE audits will be reported to the HSE.

The Checker and HCAT programs provide powerful tools to support your data quality commitments and if you have ideas for other initiatives that would assist your data quality work please let us know.

Keeping HIPE data safe and secure

HIPE data are a valuable resource and it is the responsibility of all to ensure that these data continue to be processed and stored in a secure environment.

The Data Protection Act, 2003 states that;

"appropriate security measures shall be taken against unauthorised access to, or unauthorised alteration, disclosure or destruction of, the data, in particular where the processing involves the transmission of data over a network, and against all other unlawful forms of processing"
- section 2(1)(d) of the Act

The Data Protection Commissioner has a number of Data Protection Rules including

Keep data safe and secure

This rule provides information on how to keep personal data on computer or manual file safe and secure. Included is the following checklist:

Keeping Personal Data Secure: Test Yourself

As a minimum standard, you should be able to answer YES to the following questions:-
- Is access to your computers and manual files restricted to authorised staff only?
- Is access to the information restricted on a "need-to-know" basis in accordance with a defined policy?
- Are your computer systems password protected?
- Is information on screens kept hidden from callers to your offices?
- Have you a backup procedure in operation, including off-site backup?
- Are all waste papers, printouts, etc. disposed of carefully?

What can you do to ensure that the HIPE data at your hospital remains safe and secure?

Passwords - Passwords prevent unauthorised access to software and data, they should not be shared.

Locking device - When leaving your computer/laptop unattended please lock your computer ensuring that no unauthorised personnel have access to the data.

Encryption and Data Transfer via Email or Portable Devices

- All exports sent to the ESRI are securely encrypted using industry standard encryption. It is not possible to create an export without encryption.
- The loss or theft of a portable device (e.g. laptops, USB keys) can result in the loss of data.
- If you have to transmit data (via email, across a network) or if you have to store it on a portable device it must be encrypted so that only the intended recipient or user will have access to it.

When sending queries to the ESRI please ensure that personal data are not included in any communication.

Backup Systems

The HIPE IT Department at the ESRI are currently undertaking a review of backup procedures for each hospital. Backup systems are an essential function in keeping data safe and secure and in ensuring the recovery of lost or destructed data. It is your responsibility to ensure that your data are backed up.

In relation to your local backup procedures can you answer the following questions:
- Are the data backed up?
- How regularly?
- By whom?
- Do you know how to retrieve a backup or who to contact in relation to retrieving backups?

If you are unsure of the answers to any of these questions please contact your local IT department.

Further information on Data Protection and HSE National I.T. Policies & Standards can be found at www.dataprotection.ie and www.hse.ie

Use of the ESRI website

The Health Research and Information (HRID) section of the ESRI website (www.esri.ie/health_information/) had close to 52,000 page visits in 2011.

Applying for HIPE training courses, submitting queries, downloading the latest Coding Notes, Irish Coding Standards or Annual HIPE report are just some the features available on the site.

We are now reviewing the HRID section of the ESRI website. We want to ensure that those visiting our section find the information they are looking for easily.

A short survey has been designed to gather your thoughts on this resource and is available here or at this website: www.surveymonkey.com/s/NLHFCFP. This survey will be open until the end of July 2012.

We invite you to participate in this survey which will only take a few minutes to complete. All responses will be anonymous.

Questions include:

How often do you visit the HRID section of the ESRI website?
Do you find this website easy to navigate and use?
Are there any features you would like to see available on the website?

We welcome your feedback on this important HIPE resource.

Reminder: Reopening of Older Years

In December 2011 as a once off data correction exercise, hospitals were permitted to include resets of 2010 HIPE cases in their exports for inclusion in the national file.

We are proposing to open the years 2005 to 2009 on a phased basis over the coming months to accept any changes that may have been made at hospital level and not yet exported to the ESRI for inclusion in the national file. We would advise hospitals to ensure that all corrections on queries relating to older years have been checked and corrected as necessary. The HIPE Checker must be run when submitting data for these older years. The following timetable is proposed for submitting HIPE data for previous years.

Normal HIPE Export Month	To Include Changes from Year
End of July 2012	2009
End of August 2012	2008
End of October 2012	2007
End of November 2012	2006
End of December 2012	2005

There are some outstanding cases that need to be reviewed and the relevant hospitals will be alerted to these prior to the export of the older year in question. The ESRI HIPE IT team will be in contact in advance of each file reopening to advise on how to proceed.

Perinatal Statistics Report 2010
The National Perinatal Reporting System (NPRS)

The 2010 report on perinatal data from the NPRS at the Health Research and Information Division (HRID) is 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.

Perinatal
Statistics
Report
Health Research and Information Division
June 2012
2010

ESRI

For **2010**, the NPRS reports 75,600 births, which is almost 30 per cent higher than 2001. At 16.8 per 1,000 population, Ireland reported the highest birth rate of any of the 27 EU countries; the Irish birth rate was 15.1 per 1,000 population in 2001. At 2.09, the Irish also have the highest Total Period Fertility Rate (Average Number of Children per Woman) amongst European countries in 2010.

Some of the main findings of the 2010 report are:

- Over 26% of women delivered by caesarean section in 2010, compared to 21% in 2001, representing a 22% increase in deliveries by caesarean section over the decade.

- Almost 46% of babies were exclusively breastfed at discharge from hospital, with 54% reporting any breastfeeding; this compares to 39% and 41% respectively in 2001.

- The average age of women giving birth has increased from 30.3 years in 2001 to 31.5 years in 2010.

- Almost 28% of women giving birth were aged 35 years or older, up from 22% for this age group in 2001; 3% of women giving birth were aged 19 years or less, compared to just over 5% in 2001.

- Almost 25% of births in 2010 were to mothers born outside Ireland.

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

Cracking the Code

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

Day case admissions for Methylprednisolone

Q: I am coding a chart where the Patient has MS (G35). The Patient came in for 3 day case admissions for Methyl-prednisolone. Is this procedure coded?

A: If the patient was admitted as a day case, then a code would be assigned from block 1920.
ACS 0044 Chemotherapy provides coding guidelines for coding chemotherapy for conditions other than neoplasms – see Example 3 in this standard:

EXAMPLE 3:
Patient admitted for same-day IV infusion of methylpred-nisone for multiple sclerosis.
Codes: Dx: G35 Multiple sclerosis
       Procedure: 96199-03 [1920] Intravenous admini stration of pharmacological agent, steroid

Diagnoses codes for admission for prophylactic mastectomy

Q: A patient was admitted for a right skin sparing risk reducing mastectomy with bilateral LD (Latissimus Dorsi) flap reconstruction as she is BRCA mutation carrier. Patient has a history of left mastectomy for breast cancer.

A: Assign code Z40.00 *Prophylactic surgery for risk-factors related to malignant neoplasms - Breast* as the principal diagnosis and code Z85.3 *Personal history of malignant neoplasm of breast* as an additional diagnosis, also assign code R79.*8 Other specified abnormal findings of blood chemistry* as an additional diagnosis to indicate the identification of the hereditary gene BRCA1.

Intradural haemangioblastoma

Q: Please advise on the correct code for Intradural vascular tumour (likely haemangioblastoma) posterior to and indenting into medulla/upper cord at C1.

A: Assign code D42.9 Meninges, unspecified (neoplasm of unspecified or uncertain behaviour).
Index look up:
       Haemangioblastoma see
          Neoplasm,
           —Connective tissue,
            —-Uncertain behaviour

There is no entry for dura or intradural at connective tis-sue.
See note at beginning of the section on connective tissue which states that "for sites that do not appear in the list, code to neoplasm of that site."

Look up: Neoplasm
     - Dura Spinal
     – uncertain behaviour.
     D42.9 Meninges, unspecified (neoplasm of un specified or uncertain behaviour)

Cholecystectomy and associated procedures

Q: Patient admitted electively for laparoscopic cholecys-tectomy with a diagnosis of chronic cholecystitis. The procedure carried out was laparoscopic converted to open cholecystectomy with repair of common hepatic duct injury and T tube insertion. The patient came back for removal of the T Tube. What procedure codes are assigned?

1. See Cholecystectomy
   Laparoscopic
   --- Proceeding to open: 30446-00 [965]
   Assign 30446-00 [965] *Laparoscopic cholecystect omy proceeding to open cholecystectomy*
2. T Tube insertion – this is not coded when part of cholecystectomy
3. For Repair of hepatic duct, based on information received code to 30472-00 [971] *Repair of hepatic duct*

For the subsequent admission for removal of the T-tube:
Assign Z43.4 *Attention to other artificial openings of digestive tract*
     Index look up: Attention (to)
     -artificial
     --opening (of) Z43.9
     ---digestive tract NEC Z43.4
For the procedure code assign 92097-00 [1896] Removal of T-tube, other bile duct tube or liver tube. Index look up:
     Removal
     -tube
     -- bile duct 92097-00 [1896]

Cracking the Code

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

In-stent re-stenosis with balloon angioplasty

Q: The patient presented with in stent re-stenosis which was treated with balloon angioplasty, what diagnosis codes are assigned?

A: Assign I25.11 *Atherosclerotic heart disease of native coronary artery* and

Z95.5 *Presence of coronary angioplasty implant and graft*

Mechanical Complication of PEG

Q: A patient is admitted with diarrhoea caused by the fact that his PEG had migrated from its placement and the food is going straight into his duodenum. The patient had an OGD and Colonoscopy and the PEG tube was re-inserted.

A: Please assign the following codes for this case
Diagnosis:
T85.5 *Mechanical complication of gastrointestinal prosthetic devices, implants and grafts*
A09.9 *Gastroenteritis and colitis of unspecified origin*
Y83.3 *Surgical operation with formation of external stoma*
Y92.22 *Health Service area*

Procedures:
30482-00 [870] *Repeat insertion of percutaneous endoscopic gastrostomy [PEG] tube*
30473-00 [1005] *Panendoscopy to duodenum*
32090-00 [905] *Fibreoptic colonoscopy to caecum*

Trigger Point Injection

Q: A patient was admitted with a diagnosis of nidus muscle spasm at the T7. She had a trigger point injection to T7. Marcaine 0.5% 4ml x 20 mg solumedrone. What procedure code is used for trigger point injection?

A: The trigger point injection is a procedure used to treat painful areas of muscle that contain trigger points, or knots of muscle that form when muscles do not relax. During this procedure, a small needle is inserted into the patient's trigger point. The injection contains a local anaesthetic that sometimes includes a corticosteroid. With the injection, the trigger point is made inactive and the pain is alleviated. (www.medicinenet.com/trigger_point_injection/article.htm)

The NCCH has published advice regarding the coding of trigger point injections and the following code should be assigned for this procedure:
90560-00 [1552] *Administration of agent into soft tissue, not elsewhere classified*

Diagnoses and procedure codes for excision of multiple skin lesions from forearm

Q: Please advise how to code a patient that comes in as a day case for excision of two lesions of the skin, both lesions are situated on the forearm, is one diagnosis code and two procedure excision codes assigned, or give one diagnosis and one procedure code?

A: Please follow ACS 0025 *Double coding* and ACS 0020 *Bilateral/multiple procedures*.
• For the diagnosis code only assign one code. ACS 0025 advises that diagnosis codes are not to be repeated.
• For the intervention code follow ACS 0020 *Bilateral/multiple procedures*. Classification Point 5; Skin or subcutaneous lesion removal, which states: "Assign the relevant code for excision of multiple lesions".
Also in ACS 0020 *Bilateral/multiple procedures* see Example 3 under point 5 which states;
"Excision of skin lesion of forearm is coded to 31205-00 [1620] Excision of lesion(s) of skin and subcutaneous tissue of other site. Only assign ONE code."

Incidental findings on colonoscopy

Q: If a patient comes in for a colonoscopy for abdominal pain and haemorrhoids are found but are left alone, do I code the haemorrhoids.

A: Please see ACS 0046 *Diagnosis selection for same day endoscopy* which states that incidental findings are coded so do code the haemorrhoids.

Failed Spinal

Q: What code do I give for a failed spinal? Sometimes we have patients who go to theatre for surgery and have to have a GA due to failed spinal.

A: For these cases with a failed spinal proceeding to GA, code both the spinal anaesthetic and the GA – as both were administered. This will reflect the procedures performed.

Cracking the Code

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

Endoscopic Banding of GAVE

Q: A patient was admitted with Gastric Antral Vascular Ectasia (GAVE) K31.81. They had OGD and Banding of same. How is the banding procedure coded?

A: Please assign code 30476-03[874] *Endoscopic banding of gastric varices.*

The NCCC have published the following advice on this code:

The correct code to assign for EBL of GAVE lesions is 30476-03 [874] Endoscopic banding of gastric varices. Although this code title specifies 'gastric varices' it is the same procedure as that used to treat GAVE. The NCCC will consider reviewing the code title to support wider assignment of this code in the future.

Coding of E. Coli based on lab values

Q: If a patient has a documented UTI and the microbiology report shows E-coli, can we code the E-coli if the E-coli is not documented in the chart?

A: If there has been documentation in the chart that the patient has UTI, then as per ACS *0010 General Abstraction Guidelines*, *Test results*, the microbiology report may be used to provide more information on the condition. In this query the organism causing the documented UTI is E. coli and this can be coded. The condition is documented (i.e. the UTI) and the result is giving more specificity (E Coli infection).

If the UTI was not documented but E. coli was seen on lab reports then the lab values alone cannot be used to assign a diagnosis and the UTI could not be coded.

Transfers—post op

Q: A patient was transferred to our hospital for rehabilitation following a hip replacement operation at another hospital for long standing osteoarthritis of hip. There was no other information in the chart. They had Physiotherapy and Occupational Therapy. What diagnoses codes are assigned?

A: Assign codes:

Z50.-   *Care involving use of rehabilitation procedures*
M16.1   *Other primary coxarthrosis*
Z96.64   *Presence of hip implant*

Additional diagnoses as per ACS 0002 *Additional diagnoses* Allied Health Intervention codes will also be assigned.

If a patient is admitted specifically for rehabilitation assign a code from Z50- *Care involving rehabilitation procedures as the pdx* and follow guidelines in ACS 2104 *Rehabilitation*

Q: A patient was transferred to our hospital for post-op care post Angioplasty with insertion of stent for CAD that was performed at another hospital. They were monitored and had physiotherapy over two weeks. What diagnoses codes are assigned?

A: Assign codes:

Z48.8 *Other specified surgical follow-up care*
I25.– *Atherosclerotic heart disease*
Z95.5 *Presence of coronary angioplasty implant and graft*

Response from NCCC to Irish coding query submitted

Cord around neck

Q: Published advice appears to be that cord around neck without compression or loose is coded to O69.2 *Labour and delivery complicated by other cord entanglement* when documented. We have numerous queries about this and it seems to be a common occurrence during delivery with the cord being removed from the babies neck without difficulty.

NCCC A: In ICD-10-AM Sixth Edition if cord around neck loosely or without compression meets the criteria for code assignment as per ACS 0002 Additional diagnoses the correct code assignment is O69.2 *Labour and delivery complicated by other cord entanglement*. ICD-10-AM Seventh Edition has clarified O69.8 *Labour and delivery complicated by other cord complications*, with an inclusion term for cord around neck without compression and those with compression are assigned to O69.1 *Labour and delivery complicated by cord around neck, with compression* as per the following index pathway:

Cord

- umbilical

- - around neck (without compression) O69.8

- - - with compression (see also Compression, umbilical cord) O69.1 (ICD-10-AM 7th Edition)

The ESRI add: As there is no change in the codes or code titles, HIPE coders can follow this advice and assign O69.8 *Labour and delivery complicated by other cord complications* when there is no compression and O69.1 *Labour and delivery complicated by cord around neck, with compression* when there is compression.

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

Upcoming Courses

Training is held in the ESRI.

Training is delivered via WebEx.

Coding Skills II

This course is for new coders who have attended Coding Skills I

(delivered in ESRI)

Dates: Tuesday 21st—Thursday 23rd August

Time: 10am - 5pm each day

Anatomy & Physiology

Available **both** via **WebEx** and **in ESRI.** Please indicate when applying how you intend participating**.**

Haematology
Date: 6th November
Time: 11am-1pm
ENT
Date: 6th November
Time: 2pm - 4pm

Coding Skills III

This course is for coders who have previously attended Coding Skills II. Experienced coders are welcome to attend this course for refresher training.

(delivered in ESRI)

Dates: Tuesday 23rd to Thursday 25th October

Time: 10am - 5pm each day

Autumn Workshops

Training in the following topics will be held in the Autumn subject to demand. Some of these training sessions will include clinical presentations from experts.

(Available **both** via **WebEx** and **in ESRI)**

- Obstetrics — Introduction to Obstetric Coding
- Advanced Obstetric Coding workshop
- Neonates
- Neoplasms
- Diabetes
- Z-codes
- General Refresher Course

We will be in contact with HIPE departments with further details.

Online application process for all of these courses at:

www.esri.ie/health_information/clinical_coding/training/

In-Hospital / Regional Training

We are always happy to provide on-site hospital training. If you would like us to deliver training at your hospital or in your region please contact us.

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. Just contact us if you would like to do this type of work.

hipecodingquery@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/

"The important thing in life is not to triumph but to compete."

Pierre de Coubertin. Father of the modern Olympic Games