Coding Notes

HIPE UNIT, ESRI

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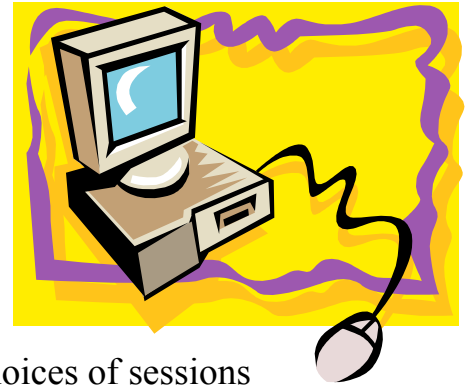
Windows for HIPE Data Entry System

There is never a dull moment for HIPE. Just as you have all completed your 1999 data returns you will be receiving the new Windows for HIPE Data Entry System which is being despatched this week. While this will be a completely new system for entry of cases, the data and coding remain the same.

***Windows for HIPE** is the new version of the HIPE data entry software and the first step in the modernising of the HIPE software so that it runs in today's Windows environment. This allows HIPE to take advantage of the new features in the Windows operating system such as a bigger variety of printers and better backup, storage as well as the use of standard window interface.*

We are running several training sessions over the next couple of weeks in three centres around the country to give some basic instruction in the use of this new system. In addition a detailed instruction manual is being distributed with the new software. Each session lasts just 2 hours and an application form is included with this copy of *Coding Notes* so please return the form as soon as possible to reserve your place and join in this new phase in the development of H.I.P.E.



The courses on offer in summary are:

Sligo Monday 3rd July - 3 choices of sessions
Location : Sligo General Hospital

Dublin Thursday 6th July & Friday 7th July- 6 choices of sessions
Location : Irish Travel Agents Association (ITAA), 32-34 South William St, Dublin 2.

Cork Monday 10th July & Tuesday 11th July - 6 choices of sessions
Location : Cork University Hospital

Cracking the Code!

A selection of queries received in the H.I.P.E. Unit recently:

Question: A patient was admitted following accidental inhalation/ingestion of spray paint. What codes do we assign in this case?
Answer: Assign codes 989.89 & E8616

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Question: Should a V-code be used as a principal diagnosis when a patient is admitted for insertion of a minerva coil?
Answer: If the patient has a condition e.g menorrhagia, the principal diagnosis will be coded to menorrhagia. If the patient is admitted for contraception management, the principal diagnosis should be a V-Code.

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Question: A patient was admitted to our hospital with conjunctival irritation due to exposure to ammonia gas. What codes would you assign?
Answer: Assign codes 9182, E9241 &E8616

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Question: We have patients who are admitted briefly to hospital for a pre-operative examination prior to their admission to have a hip replacement for osteoarthritis. What codes would you assign?

Answer: Assign codes V72.83 & 715.95

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Question: Our neurosurgeons are performing nerve blocks for patients with occipital neuralgia. What is the appropriate coding for occipital neuralgia?
Answer: Assign code 723.8, other syndromes affecting cervical region, for occipital neuralgia. Code 01.81, Injection of anaesthetic into peripheral nerve for analgesia, should be assigned for the nerve block.

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Question: A patient presented to our hospital with a diagnosis of amaurosis fugax. The physician documented that the underlying cause of the amaurosis fugax was carotid artery stenosis. Carotid arteriography confirmed the presence of carotid artery stenosis as well. Carotid endarterectomy was then carried out. What is the appropriate principal diagnosis as the amaurosis fugax was the presenting symptom and low grade carotid artery stenosis does usually require surgical intervention?
Answer: Assign code 433.10, occlusion and stenosis of precerebral arteries, carotid artery, without mention of cerebral infarction, as the principal diagnosis. The carotid artery stenosis is the underlying cause of the amaurosis fugax.

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Sentinel Lymph Node Mapping in Melanoma and Breast Cancer

(ICD-9-CM Procedure Code - 40.19)

Like many cancers, malignant melanoma and invasive breast cancer often spread from their original site through the lymph channels to regional lymph nodes. With melanoma, removal of these lymph nodes can prolong life and in some cases cure the disease; in breast cancer removal of these lymph nodes provides prognostic information regarding cure and can help decide whether there is a need for chemotherapy.

There clearly appears to be a role for the removal of regional lymph nodes in melanoma and invasive breast cancer. Unfortunately, this operation often leads to a significant number of temporary and permanent complications including arm and leg swelling, poorly healing incisions and a loss of skin sensation. When the regional lymph nodes are removed in intermediate depth melanoma less than 15 percent of patients have proven metastasis (i.e., cancer in the lymph nodes), while less than 20 percent of patients with early breast cancer have proven metastasis. The routine use of lymph node removal in these two cancers unnecessarily exposes all these patients to the complications of the procedure while providing benefit to only those with metastatic disease.

Sentinel lymph node mapping is a new way to evaluate regional lymph nodes. It is currently in routine use for the treatment of malignant melanoma and is under study for its role in breast cancer. This minimal surgical procedure spares 80 percent of patients the greater surgical procedure of regional lymph node dissection by identifying those patients that will benefit from the more extensive removal of lymph nodes. This approach allows the surgeon to identify and biopsy the first or "sentinel" lymph node which the cancer encounters as it spreads to the regional lymph nodes. If the sentinel lymph node is free of cancer, studies show that all lymph nodes in that region are free of cancer and complete lymph node removal is unnecessary.

Two hours before the operation the radiologist injects a nuclear isotope around the melanoma or breast cancer and 45 minutes later obtains a nuclear scan to determine the "hot" sentinel lymph nodes to which the isotope has spread. Fifteen minutes before the operation begins, the surgeon injects a blue vegetable dye around the tumor site which also helps identify the lymph nodes. In the operating room, the melanoma or breast cancer is excised first and then the sentinel lymph node is identified. Using a hand-held Geiger counter, the surgeon pinpoints the sentinel lymph nodes beneath the skin and makes a small incision over them. Using the Geiger counter and visualizing the blue dye which has spread to the sentinel lymph nodes, the surgeon can isolate and remove these with minimal dissection. This completes the surgery and only if subsequent studies demonstrate metastatic tumor in the sentinel lymph nodes will complete lymph node removal be recommended. Preoperative lymph node mapping and lymph node biopsy (removal) combined with wide excision of the local melanoma or breast cancer will often be the only surgical procedure required.

HIPE Arrivals…

Claire Doble and Anne Clifton have both had babies …

Claire had baby Lauren on 21st April 2000 and

Anne had baby Martin on 5th May 2000

Both were '650' and all is well. We're looking forward to their return later in the summer .. Even if they're not!

Upcoming H.I.P.E. Coding Courses

Next Basic & Intermediate Coding Courses

Next Basic Coding Course will be held in the E.S.R.I. on 11th July to 13th July 2000.

Next Intermediate Coding Course will also be held in the ESRI on the 25th & 26th July 2000. This is for coders who have done at least one basic course. Coders with more experience are welcome to attend for a review of some guidelines again!

Please contact Marie Glynn (01-6671525 Ext. 467) for application forms if you have any candidates for these courses.

Upcoming Workshops:

We are planning to hold a series of workshops in October 2000. If you are interested in a particular coding topic please let us know by the end of August 2000.

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

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