Coding Notes

7th National Casemix Working Conference
April - May 2008

"Moving Towards Casemix - Based Prospective Funding"

The 7th National Casemix Working Conference 2008 was held in the Hodson Bay Hotel, Athlone County Westmeath from the 29th to the 1st May, 2008. The conference theme was 'Moving Towards Casemix-Based Prospective Funding'. After the closed technical workshops on Tuesday the conference was opened on Wednesday by **Mr. Claude Grealy,** Manager, National Casemix Programme, HSE. The HSE's national director of finance, **Mr. Liam Woods** spoke about the proposed new strategy of Prospective Funding and this was followed by discussions on both the national and international challenges for this strategy. **Mr. Mark Turner**, the Assistant National Director of the HSE's Decision Support presented on the HealthStats initiative which is now on a monthly roll out to all casemix hospitals. **Dr. Frances Horgan** from the RCSI presented the findings of the National Audit of Stroke Care (see page 3).

During Thursday morning's session on HIPE and Casemix in Hospitals valuable insight into coding initiatives and projects being undertaken at local level were presented. **Ms. Marian Murray** (Group HIPE Casemix Co-ordinator for the Louth/Meath Hospital Group) presented on a recent audit she had carried out. **Ms. Helen Nolan**, Acting HIPE Manager, Mater Hospital presented on a new 'mobile coding' initiative in the Mater.

Above: *Conference delegates at the ESRI stand.*

Dr. Willie Reardon, Special Clinical Advisor, National Casemix and HIPE Programmes, presented on the challenges of coding syndromes and the complex nature of identifying and coding out the various elements of these conditions. There were many more interesting and informative presentations throughout the conference all of which will be available shortly to view on www.casemix.ie, the new casemix website which was also showcased at the conference and will be going live later this year. There was a very good attendance by HIPE Casemix Coordinators, clinical coders and hospital managers.

The ESRI had an information stand on current and upcoming projects and activities including the new ICD-10-AM 6th Edition. The 6th Edition books and e-Book were available to view and there was much interest in the new edition.

2006 National File Closure

The 2006 HIPE National File <u>will close</u> at the end of June 2008 and no further changes will be accepted after that date.

Please submit any additions or outstanding corrections for 2006 with the <u>End of June 2008</u> HIPE export. You will not be able to submit 2006 data to the national data base after the end of June 2008.

Any questions on exports may be directed to: Rachel Joyce, 01 8632000 or email: rachel.joyce@esri.ie

The EURO PERISTAT Project

Better Statistics for Better Health for pregnant women and their babies congress
Warsaw, Poland: April 2008

Data from the National Perinatal Reporting System collected by the Health Research and Information Division at the ESRI contributes to the **EURO-PERISTAT** Dataset whose goal is to develop **valid** and **reliable** indicators which can be used for **monitoring** and **evaluating** perinatal health in the European Union.

This project has been evolving over a number of years and at this latest congress Phase III of the project was established to:

⇒ produce and disseminate a European Perinatal Health Report based on 2004 data collected in the 25 member states and Norway

⇒ develop an Action Plan for Sustainable Perinatal Health Reporting for Europe.

European Women and their Babies

- A healthy pregnancy and infancy reduces the risk of illnesses such as hypertension and diabetes in later life.

- Babies born at 25-26 weeks now have a 50% survival rate.

- Maternal deaths constitute between 5 and 15 cases per 100,000 live births, but half of these deaths may be associated with poor care.

- Large perinatal health inequalities exist between and within the countries of Europe.

- Poverty and low social status are associated with poor outcomes of pregnancy .

National Audit of Stroke Care

Launch of Irish National Audit of Stroke Care (INASC) Report

The Irish Heart Foundation launched the results of the first Irish National Audit of Stroke Care (INASC) on Wednesday April 9th 2008. The project commissioned by the Irish Heart Foundation, in association with the Department of Health and Children, is the largest study of stroke ever to take place in Ireland and was conducted by a joint research team from the Royal College of Surgeons in Ireland and Trinity College Dublin.

Stroke kills more people in Ireland than lung cancer, bowel cancer and breast cancer combined. Approximately 10,000 people experience a stroke each year in the Republic of Ireland (ESRI) and it is estimated that over 30,000 people in Ireland are survivors of stroke.

Commenting on the study, Dr Frances Horgan report author, said "The findings of this first and largest ever study on stroke care in Ireland, provides much-needed national evidence to shape Irish stroke services in the forseeable future".

The project involved six separate surveys: hospital clinical and organisational audits, modelled on the UK Sentinel audit and community-based surveys of general practitioners, allied healthcare practitioners, patients and carers, and nursing homes. Dr Frances Horgan (School of Physiotherapy, RCSI) led on the hospital component of the study and Dr Anne Hickey (Division of Population Health Sciences, Psychology, RCSI) on the community component. According to Dr Anne Hickey "findings of the national audit highlight the need for focused efforts in developing comprehensive and integrated stroke services in Ireland".
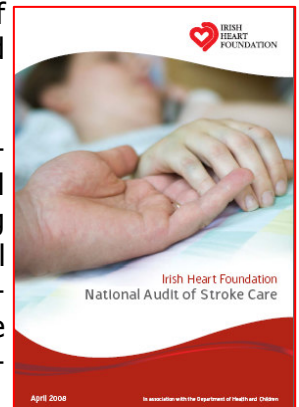
36 public hospitals providing acute services to stroke patients participated in the clinical audit. For a six-month period in 2005 data from consecutive discharges with a primary diagnosis of stroke using HIPE data and ICD-10-AM were extracted for each of the hospitals for the chart review, which was based on the Clinical Audit Proforma of the UK National Sentinel Audit 2006.

A sample of case notes of all patients with stroke, discharged during two six week periods in 2005, were reviewed using the **ICD-10-AM** codes:

I61 *Intracerebral haemorrhage*

I63 *Cerebral infarction*

I64 *Stroke, not specified as haemorrhage or infarction*

The INASC team wish to acknowledge the assistance of Ms Aisling Mulligan and Ms Jacqueline O'Reilly, Data Managers and Ms. Jacqui Curley, Coding Manager for HIPE, Health Research and Information Division, the Economic and Social Research Institute for their assistance with coding reports and all the HIPE coders in the 36 participating hospitals.

Photograph from left to right
Dr Brian Maurer Medical Director Irish Heart Foundation
Professor Hannah McGee
Dr Frances Horgan
Dr Anne Hickey
Professor Desmond O'Neill
Professor Eoin O'Brien President Irish Heart Foundation

The full report is available on the

Irish Heart Foundation website: www.irishheart.ie

ICD-10-AM 6th Edition

*The countdown is on for
ICD-10-AM 6th Edition - 1.1.2009*

"new codes galore,
6th edition offers more"

ICD-10-AM / ACHI / ACS & e-Book

Summary of changes - ICD-10-AM, ACHI & ACS

Number of new disease codes = **212** Number of deleted disease codes = **41**	**Example of a NEW Diagnosis Code** **Index:** **Immobility due to prolonged bed rest** R26.3 **Code:** **R26.3** *Abnormalities of gait and mobility*
Number of new procedure codes = **423** Number of deleted procedure codes = **242** Number of new blocks = **3** Number of deleted blocks = **6**	**New Procedure Code Block (ACHI)** **[570] Noninvasive ventilatory support**
Number of new standards = **3** Number of deleted standards = **4** Number of modified standards = **56**	**NEW Standard (ACS)** **0533 ELECTROCONVULSIVE THERAPY**

Major changes to:

* Abortion, curettage an ectopic pregnancy
* **Additional diagnoses**
* Chronic kidney disease
* Diabetes Mellitus
* Drug and alcohol
* Effects of radiotherapy
* Perinatal standards
* Postpartum anaemia
* **Postprocedural complications**
* Ruptured uterus

Additional diagnoses

* Major revision of ACS 0002 *Additional Diagnoses*
* Minor amendments in ACS 0046 *Diagnosis selection for same-day endoscopy* and in ACS 0005 *Syndromes*
* Revision of ACS 0010 *General abstraction guidelines* and ACS 0001 *Principal diagnosis*
* References for the application of codes for research purposes throughout the ACS were removed

Postprocedural complications

* Amendment to the excludes note at T81.0 *Haemorrhage and haematoma complicating a procedure, not elsewhere classified*, to ensure consistency with the Alphabetic Index
* Provision of an index entry for specified complications of dialysis
* Revised wording in relation to postprocedural pain in ACS 1807 *Pain diagnosis and pain management*
* Revision of ACS 1904 *Procedural complications*
* Deletion of ACS 1913 *Hospital acquired wound infection*

ICD-10-AM 6th Edition

Enhancements from 4th Edition to 6th Edition

Falls

Falls are a common cause of injury, and many falls involve stairs, steps, ramps, travelators and escalators therefore it is very important to have data that can identify individual situations in falls injury.

Injuries that result from these circumstances have implications for injury prevention strategies, government legislation and public education.

The Research Centre for Injury Studies (RCIS) in Australia, proposed changes to ICD-10-AM 6th Edition to include subdivisions at W10 *Fall on and from stairs and steps* to identify individual circumstances.

Classification changes - expanded codes

W10 *Fall on and from stairs and steps* has been expanded in 6th Edition.

- **F**ourth character subdivisions identify and differentiate falls which occur on stairs and steps, ramps, travelators and escalators.
- **E**xcludes notes added at V00-V09 and W01 for 'fall on or from escalator and travelator'.
- **I**mproved Index entries.

⊗**W10.0**   *Fall on and from escalator*
⊗**W10.1**   *Fall on and from travelator*
⊗**W10.2**   *Fall on and from ramp*
⊗**W10.9**   *Fall on and from other and unspecified stairs and steps*

Greater specificity provides better data

Checklist for 6th Edition

Some key points that will help prepare you for the implementation of 6th Edition

- ✓ Watch out in Coding Notes for articles on the move to 6th Edition including information on coding guidelines, coding queries and training courses.

- ✓ Include the update to 6th edition and Coding Notes articles at regular HIPE meetings.

- ✓ It is important that your coding is kept up to date. Consider having a plan in place to manage the coding of outstanding 4th Edition discharges after 1st January 2009.

- ✓ Consider having a 6th Edition Team Leader to facilitate the update or set aside a regular time slot to prepare for 6th edition.

- ✓ Compile an archive of the information relating to 4th Edition ICD-10-AM to include HIPE Instruction Manuals, Coding Notes and Irish Coding Standards. This will assist with running reports and will provide supporting documentation on data queries. This will also be helpful for users of HIPE data such as management and clinicians.

- ✓ Start a record of 6th edition queries, questions and information that coding staff can both contribute and refer to. Where required 6th edition queries can be emailed to: **hipecodingquery@esri.ie**

- ✓ Have you enrolled to attend the 6th Edition Education Workshops?

Coding Guidelines

Coding Syndromes (*see also* ACS 0005 Syndromes)

A syndrome is set of signs and symptoms that tend to occur together and which reflect the presence of a particular disease or an increased chance of developing a particular disease. There are some syndromes that are not listed in the Alphabetic Index of ICD-10-AM. Many syndromes are extremely rare and may not be specifically listed in ICD-10-AM.

If no single code is available to describe all elements of a syndrome, it may be necessary to code all elements separately.

Clinical coders should be aware that syndromes listed in ICD-10-AM may not be exactly the same as the way they are described in the patient's clinical record.

Sequencing Guidelines for coding syndromes not listed in ICD-10-AM

1: Seek clarification from the clinician for any syndrome which does not have a specific code in ICD-10-AM.

2: Once the details of the syndrome are established, apply the principal diagnosis definition rule.

3: If the principal diagnosis definition rule is difficult to apply due to the multiple manifestations of the syndrome, and no single diagnosis is receiving treatment, **assign the most severe condition as the principal diagnosis code**.

4: If equal severity can be applied to more than one manifestation, assign the chromosomal/genetic condition as the principal diagnosis code.

5: If the syndrome is a congenital one, assign Q87.- *Other specified congenital malformation syndromes affecting multiple systems* **as an additional diagnosis code** to the specified manifestations already coded. The addition of this code acts as an indication that this is a syndrome which does not have a specific code allocation in ICD-10-AM.

6: When assigning multiple codes to represent the syndrome, assign codes only for the manifestations that are relevant for the patient in question—all 'standard' manifestations of a syndrome may not be present in every patient with the syndrome. (**Note:** Point 6 - is <u>new</u> in 6th Edition ACS 0005)

Example 1:

DIDMOAD Syndrome, is an <u>autosomal recessive</u> syndrome and is an acronym for **D**iabetes **I**nsipidus, **D**iabetes **M**ellitus, **O**ptic **A**trophy and **D**eafness of uncertain cause (also known as Wolfram Syndrome). As there is no one code in ICD-10-AM code out all the elements of the syndrome, as per the guidelines in ACS 0005 Syndromes.

Codes:
  E23.2 *Diabetes insipidus*
  E1-.9 *Diabetes mellitus*
  H47.2 *Optic atrophy*
  H91.9 *Hearing loss, unspecified*

> **NOTE**
> **DIDMOAD *is not* a congenital syndrome therefore you *do not* assign the congenital code**.

Example 2:

Kabuki Syndrome is a rare <u>congenital</u> paediatric disorder with multiple abnormalities. As each case will be different, assign codes that describe the components of the syndrome for each individual patient, for example, any heart defects, hypotonia, skeletal abnormalities. <u>Also, this is a congenital syndrome therefore assign</u> **Q87.x** *Other specified congenital malformation syndromes affecting multiple systems* **as an additional diagnosis code** as per **point 5** in ACS 0005 Syndromes.

Cracking the Code

A selection of recent coding queries

Ultrasound performed with biopsy

If a patient has a needle biopsy of the prostate (transrectal ultrasound - TRUS), is an additional code assigned for the ultrasound?

Yes. When assigning 37219-00 [**1163**] *Transrectal needle biopsy of prostate* there is a **note** to <u>Code also when performed</u>: transrectal ultrasound of prostate (55300-00 [**1943**]). There is an edit on W-HIPE at this code (55300-00 [**1943**]) because ultrasound is listed in ACS 0042 *Procedures normally not coded*, **however the coding instruction above overrides the W-HIPE edit, therefore you need to fill in the explanation box for these cases.**

––––––––––––––

Benzylpiperazine (BZP)

Patient presented with overdose of 'legal ecstasy' – otherwise known as Benzylpiperazine. Main ingredient – Piper Nigrum (black pepper). How is this drug classified?

The code you would assign is poisoning, **T40.9** *Other and unspecified psychodysleptics [hallucinogens]*.

Please note that BZP has been added to the Table of Drugs and Chemicals in 6th Edition.

––––––––––––––

Leiomyosarcoma

As per the histopathology report, a patient has been diagnosed with high grade Leiomyosarcoma of the uterus. The Index directs you to 'see also Neoplasm connective tissue, malignant'. When I go to the Tabular there is no listing under connective tissue for uterus, how do I code this?

You are correct to follow the Index. In the Tabular see the **Note** directly under - connective tissue NEC (e-Book or page 278 Volume 2) which states "...*code according to the list under 'Neoplasm, connective tissue;*...**for sites that do not appear in this list, code to neoplasm of that sit**e, ...". For this case you would assign C55 *Malignant neoplasm of uterus, part unspecified*.

Outcome of Delivery

Twin I was born in the ambulance on the way to hospital and Twin II was born during the delivery episode within the hospital. We assigned O30.0 Twin pregnancy but are unsure which outcome of delivery code to assign.

O30.0 *Twin Pregnancy* is the correct diagnosis code to assign. **In this case**, irrespective of the fact that one was born in the ambulance on the way to the hospital you would assign Z37.2 *Twins, both liveborn* as you are assigning a code to capture the outcome of the delivery.

––––––––––––––

Pulmonary Hypertension

Following the index entry for pulmonary HT you are lead to I27.2 Other secondary pulmonary hypertension. The note at the beginning of I10 however, excludes pulmonary HT (I27.0), which code should be used, I27.2 or I27.0?

Assign I27.2 *Other secondary pulmonary hypertension* following the index pathway:

Hypertension
- pulmonary (artery)(secondary) NEC I27.2

The fact that there is an exclusion note for pulmonary hypertension located within the Tabular List of Diseases (*below*), is irrelevant – as the *exclusion note* only applies to codes within this range.

HYPERTENSIVE DISEASES (I10–I15)
Excludes: complicating pregnancy, childbirth and the puperium (O10–O11, O13–O16) involving coronary vessels (I20–I25) neonatal hypertension (P29.2) pulmonary hypertension (I27.0)

––––––––––––––

Multiple Teeth Extraction

A patient had 15 teeth extracted in one episode of care, do I need to code each extraction procedure?

If there is **no documentation** of a full dental clearance, you would assign a code for each extraction as per ACS 0020 Multiple/bilateral procedures.

Please note that codes for tooth/teeth extraction have been modified in 6th Edition.

Do you have a coding query?
Please email your query to
hipecodingquery@esri.ie or
log onto **www.esri.ie**

Upcoming Courses

ONE DAY
Refresher Courses

Obstetric
Date: 15th July 2008
Venue: ESRI

General Refresher
Date: 16th July 2008
Venue: ESRI

Regional General Refresher
Date: 21st July 2008
Venue: Kilkenny

Are you Registered?

INTERMEDIATE
Coding Course

Dates:
19 - 20 - 21 August 2008

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

ICD-10-AM 6th Edition Education
one day Introduction courses:

Dublin	**14th OR 15th October 2008**
Galway	**21st October 2008**
Mullingar	**22nd October 2008**
Cork	**4th November 2008**

Please note: there is no course on 5th November

Combination Workshops

These workshops consist of an informative lecture by an expert clinician, followed by hands on coding of case-studies to discuss relevant coding guidelines.

Date: 18 November 2008
Course: The Respiratory System & The Genitourinary System
Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Date: 19 November 2008
Course: To be confirmed
Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

For application forms please contact hipe@esri.ie

Thanks and keep in touch!

If you have any ideas for future topics to be included in Coding Notes please let us know

Email: terry.dymmott@esri.ie

Terry Dymmott, Health Research & Information Division, ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2.