Coding Notes

Number 65

Healthcare Pricing Office

June 2014

8th Edition Update to HIPE Coding

8th Edition of ICD-10-AM/ACHI/ACS

All patients discharged on or after 1.1.2015 will be coded using the 8th edition of ICD-10-AM/ACHI/ACS. There will be a 3–Phased training plan which all HIPE coders must attend. **Special thanks to the hospitals who are providing training facilities for these courses.**

Phase 1 - 8th Edition Update — 1 Day Coders of all levels must attend	
Location	**Date**
Dublin – ESRI Building	Tuesday 4th November
Dublin – ESRI Building	Wednesday 5th November
Galway – TBA	Wednesday 12th November
Sligo General Hospital	Thursday 13th November
Cork – Mercy Hospital	Wednesday 19th November
Limerick—Midwest Regional Hospital	Monday 24th November

Phase 2—January 2015- 2-Day Coders of all levels must attend	
Locations - TBA	**Date**
Dublin	Tue 13th & Wed 14th Jan
Dublin	Thurs 15th & Fri 16th Jan
Galway	Mon 19th & Tue 20th Jan
Cork	Thurs 22nd & Friday 23rd Jan

Phase 3—March / April 2015

1 Day Follow Up – multiple locations

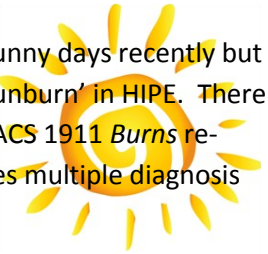
As soon as all the locations are confirmed we will start to accept bookings for the November courses.

The 8th edition of ICD-10-AM/ACHI/ACS will bring the coding classification of diagnoses and procedures up to date. There are many enhancements in the classification for HIPE coders to look forward to. Many '6th edition' coding queries from coders are answered in 8th edition. In this edition of Coding Notes we highlight some of the areas where 8th edition provides new codes and / or further clarification in the ACS. Other changes include a change in the Dagger (†) and Asterisk (*) convention and new guidelines around Sunburn.

Dagger (†) and Asterisk (*) Convention

One major change which will be of interest to all HIPE coders is in the dagger and asterisk convention. The dagger and asterisk convention in ACS 0001 *Principal diagnosis* has changed with relaxing of the sequencing principle. Dagger and asterisk codes are now sequenced according to the principal diagnosis definition, rather than automatically sequencing the dagger code first in the combination.

Sunburn



There have been some really nice sunny days recently but hopefully we won't have to code 'Sunburn' in HIPE. There are new guidelines in 8th Edition in ACS 1911 *Burns* regarding sunburn, which now requires multiple diagnosis codes to fully describe the injury.

1. Code first the appropriate code from L55.- *Sunburn*
2. Assign a code to indicate the site of sunburn from blocks T20-T25, T29-T30
3. Assign the appropriate code from T31.- *Burns* classified according to extent of body surface area involved to indicate the sunburn body surface area percentage
4. Assign the appropriate external cause code e.g. X32 *Exposure to sunlight*, W89 *Exposure to man-made visible and ultraviolet light*
5. Assign the appropriate place of occurrence and activity codes.

Inside This Issue

Resistance to antimicrobial & antineoplastic drugs

8th Edition 1st look

Due to the increasing problem of drug resistance, the classification has been revised to better capture this information. New codes have been created and resistance is now classified into the following four categories:

- Beta-lactam antibiotics e.g. penicillin, methicillin
- Other antibiotics e.g. vancomycin, quinolones
- Antimicrobials e.g. antiparasitic, antifungal, antiviral, tuberculostatic
- Antineoplastic drugs

Z06 Resistance to antimicrobial drugs

Z06.1 *Infection with multidrug resistant Staphylococcus aureus*
Z06.2 *Infection with Vancomycin resistant enterococci*
Z06.3 *Agent resistant to penicillin and related antibiotics*
Z06.31 *Penicillin resistant agent*
Z06 32 *Methicillin resistant agent*
Z06.39 *Agent resistant to other penicillin-related antibiotic*
Z06.4 *Agent resistant to vancomycin and related antibiotics*
Z06.41 *Vancomycin resistant agent*
Z06.49 *Agent resistant to vancomycin-related antibiotic*
Z06.5 *Resistance to beta-lactam antibiotics*
Z06.50 *Resistance to beta-lactam antibiotics, unspecified*
Z06.51 *Resistance to penicillin*
Z06.52 *Resistance to methicillin*
Z06.53 *Extended spectrum beta-lactamase (ESBL) resistance*
Z06.58 *Resistance to other beta-lactam antibiotics*
Z06.6 *Resistance to other antibiotics*
Z06.60 *Resistance to unspecified antibiotics*
Z06.61 *Resistance to vancomycin*
Z06.62 *Resistance to other vancomycin related antibiotics*
Z06.63 *Resistance to quinolones*
Z06.67 *Resistance to multiple antibiotics*
Z06.68 *Resistance to other single specified antibiotic*
Z06.7 *Resistance to other antimicrobial drugs*
Z06.70 *Resistance to unspecified antimicrobial drug(s)*
Z06.71 *Resistance to antiparasitic drug(s)*
Z06.72 *Resistance to antifungal drug(s)*
Z06.73 *Resistance to antiviral drug(s)*
Z06.74 *Resistance to tuberculostatic drug(s)*
Z06.77 *Resistance to multiple antimicrobial drug(s)*
Z06.78 *Resistance to other specified antimicrobial drug*
Z06.8 *Agent resistant to multiple antibiotics*
Z06.9 *Agent resistant to other and unspecified antibiotics*
Z06.90 *Agent resistant to unspecified antibiotic*
Z06.99 *Agent resistant to other single specified antibiotic*

Z07 Resistance to antineoplastic drugs

Coding Tips

- Drug resistance must be documented by a clinician i.e. it should not be coded from a laboratory report result.
- Z06.67 *Resistance to multiple antibiotics* and Z06.77 *Resistance to multiple antimicrobial drugs* are intended for use only when the drug types are not specified. Where multiple drug types are resistant, code each documented type separately.

Q. Is there a code for Extended Spectrum Beta Lactamase (ESBL) drug resistance?

A. 8th edition contains expanded codes for drug resistance. The classification has the following new category for resistance to beta lactam antibiotics: Z06.5x. The code in 8th edition for ESBL resistance is Z06.53 *Extended spectrum beta-lactamase [ESBL] resistance*.

ACS 1122 Helicobacter pylori

In 6th edition ACS 1122 Helicobacter/campylobacter instructed coders that helicobacter was only to be coded when documented with certain conditions. The conditions were listed in a paragraph of the standard but it was not easy to see at a glance what the conditions were or the codes for the conditions.

In 8th edition the coding advice remains the same and helicobacter is only coded when certain conditions are documented. However the information in the standard has been clarified and made easier to read. The title of the standard has changed to "Helicobacter pylori".

ACS 1122 HELICOBACTER PYLORI

Helicobacter pylori (H. pylori) infection is associated with:

- *H. pylori*-associated chronic gastritis (active chronic gastritis)
- duodenal ulcers
- MALT lymphoma
- gastric ulcers

B96.81 *Helicobacter pylori [H. pylori] as the cause of diseases classified to other chapters* is assigned when it is found in the presence of the above conditions or there is a documented association with another condition. B96.81 is **not** assigned when there is no documented association between the *H. pylori* infection and another condition.

Duration of pregnancy

The code title at O09.5 has been amended from **34 - 36 weeks** to **34 - <37 weeks** which is a more accurate description.
Note:

- Full term = 37 completed weeks = 36 weeks + 7 days
- Premature = 36 weeks + 6 days, and earlier

ACS 1518 *Duration of Pregnancy* has been deleted. The information from this standard has been added to the tabular index at O09 *Duration of Pregnancy.*

Laparoscopic Colectomies

In 6th edition two codes were required for a laparoscopic colectomy, one code for the colectomy and a second code for the laparoscopic approach. In 8th edition ACHI procedure block [913] *Colectomy* has been expanded to include 12 new specific codes for Laparoscopic Colectomies and Hemicolectomies. Some examples of the 12 new codes in block [913] are as follows:

32003-02 [913] *Laparoscopic limited excision of large intestine with anastomosis*
32000-02 [913] *Laparoscopic limited excision of large intestine with formation of stoma*
32003-03 [913] *Laparoscopic right hemicolectomy with anastomosis*
32000-03 [913] *Laparoscopic right hemicolectomy with formation of stoma*
32005-03 [913] *Laparoscopic extended right hemicolectomy with anastomosis*
32004-03 [913] *Laparoscopic extended right hemicolectomy with formation of stoma*

Systemic Inflammatory Response Syndrome [SIRS]

In 6th edition SIRS was coded to the cause of the response syndrome – e.g. SIRS due to trauma was coded to the trauma, SIRS due to sepsis was coded to the sepsis. In 8th edition category R65.x *Systemic inflammatory response syndrome [SIRS]* have been introduced for SIRS and ACS 0110 *Septicaemia* includes information on the use of the codes.

R65 Systemic inflammatory response syndrome [SIRS]
▼0110
Note:
This category is for use in multiple coding to identify SIRS resulting from any cause. A code from another chapter should be assigned first to indicate the cause or underlying disease.
R65.0 *Systemic inflammatory response syndrome [SIRS] of infectious origin without acute organ failure*
R65.1 *Systemic inflammatory response syndrome [SIRS] of infectious origin with acute organ failure*
Use additional code(s) to identify type of acute organ failure
R65.2 *Systemic inflammatory response syndrome [SIRS] of noninfectious origin without acute organ failure*
R65.3 *Systemic inflammatory response syndrome [SIRS] of noninfectious origin with acute organ failure*
Use additional code(s) to identify type of acute organ failure

Guidelines in ACS 0110 *Systemic inflammatory response syndrome [SIRS] state:*

Where there is documentation of SIRS, assign first a code for the aetiology (infection, trauma etc) followed by the appropriate code from category R65 *Systemic inflammatory response syndrome [SIRS].*
Where both an infectious and noninfectious aetiology is recorded in conjunction with SIRS, such as trauma and then infection, assign either R65.0 *Systemic inflammatory response syndrome [SIRS] of infectious origin without acute organ failure* or R65.1 *Systemic inflammatory response syndrome [SIRS] of infectious origin with acute organ failure*, as appropriate. If it is unclear from the documentation whether organ failure is present or not, default to the appropriate code in category R65 *Systemic inflammatory response syndrome [SIRS]*, without acute organ failure.

Percutaneous Transcatheter Aortic Valve Implantation (TAVI)

In 6th edition two codes were needed to describe Percutaneous Transcatheter Aortic Valve Implantation (TAVI**)** – one code for the valve replacement and another code to indicate that the procedure was percutaneous. In 8th edition ACHI there are new codes for percutaneous heart valve replacements including a code for percutaneous aortic valve replacement.

38488-08 [623] Percutaneous replacement of aortic valve with bioprosthesis
Transcatheter aortic valve implantation
Includes:
valvuloplasty
Code also when performed:

Transanal Endoscopic Microsurgery (TEMS)

TEMS is a technique for resection of rectal tumours. Previous advice from NCCH advised assigning TEMS to procedure code 32103-00 [933] *Per anal excision of lesion or tissue of rectum via stereoscopic rectoscopy.* While the coding advice regarding code assignment remains the same, index entries have been provided in 8th edition for TEMS at a number of main terms including

- Excision, lesion, rectum
- Microsurgery, transanal
- **TEMS**
- Transanal endoscopic microsurgery (TEMS)

Cystic fibrosis

8th Edition 1st look

6th Edition

E84	Cystic fibrosis
ACS 0402	
	Includes: mucoviscidosis
E84.0	Cystic fibrosis with pulmonary manifestations
E84.1	Cystic fibrosis with intestinal manifestations Meconium ileus† (P75*) ***Excludes:*** meconium obstruction in cases where cystic fibrosis is known not to be present (P76.0)
E84.8	Cystic fibrosis with other manifestations Cystic fibrosis with combined manifestations
E84.9	Cystic fibrosis, unspecified[1]

8th Edition

E84	Cystic fibrosis
ACS 0402	
	Includes: mucoviscidosis
E84.0	Cystic fibrosis with pulmonary manifestations
E84.1	Cystic fibrosis with intestinal manifestations Distal intestinal obstruction syndrome Meconium ileus in cystic fibrosis+ (P75*) ***Excludes:*** meconium obstruction (ileus) in cases where cystic fibrosis is known not to be present (P76.0)
E84.8	Cystic fibrosis with other manifestations
E84.9	Cystic fibrosis, unspecified

Coding guidelines for Cystic fibrosis have been clarified with revision of ACS 0402 *Cystic Fibrosis*. A summary of these guidelines is provided below:

Follow ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses* to determine whether Cystic fibrosis should be coded (Cystic fibrosis itself, or at least one manifestation, should meet ACS 0001 *Principal Diagnosis* or 0002 *Additional Diagnoses*)

If it is to be coded, assign the appropriate code(s) from E84.- *Cystic fibrosis* followed by code(s) for any specified manifestation(s). The E84.- is always sequenced **before** the corresponding manifestation(s) code.

All specified manifestations should be coded to reflect the severity of the patient's Cystic fibrosis, irrespective of whether the manifestation(s) meet ACS 0002. More than one code from E84.- *Cystic fibrosis* may be needed.

The reason we can now assign multiple E84.- codes in 8th edition is because the inclusion term "Cystic fibrosis with combined manifestations" has been deleted from code E84.8 *Cystic fibrosis with other manifestations*

There must be documentation in the clinical record that states a problem is a manifestation of cystic fibrosis in order for it to be coded as one. If there is uncertainty as to whether a condition is a manifestation of cystic fibrosis, then the relationship between the condition and cystic fibrosis should be verified with the clinician.

Respiratory Failure

8th Edition 1st look

8th Edition ICD-10-AM contains codes at fifth character level for Type I and Type II respiratory failure, there is also a code for unspecified type of failure. The type of failure is captured as a fifth character subdivision in category J96.0x - J96.9x *Respiratory failure, not elsewhere classified*.

J96 ***Respiratory failure, not elsewhere classified***

The following fifth character subdivisions are for use with subcategories J96.0–J96.9:

.0 Type I [hypoxic]

.1 Type II [hypercapnic]

.9 Type unspecified

Cracking the Code

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

Q. How is *Middle Cerebral Artery Syndrome* coded?

A. Following the index, assign I66.0 *Occlusion and stenosis of middle cerebral artery*, followed by G46.0* *Middle cerebral artery syndrome*.

Q. Regarding assigning *VBAC 075.7 Vaginal delivery following previous caesarean section*, I have a maternity chart where the first pregnancy was caesarean section in 2011, she went on to have a vaginal birth in 2012 and has now delivered vaginally again in 2014. Do I assign 075.7 for 2014 admission? Does it have to be documented?

A. This is a very good example in relation to the use of O75.7 *Vaginal delivery following previous caesarean section.* If there is documentation to support that the patient had a caesarean section any time in the past and they deliver vaginally on this episode then O75.7 *Vaginal delivery following previous caesarean section* is assigned. It is not necessary to have the specific statement of vaginal birth after caesarean used in the medical record on this episode.

Q. What is the procedure code for a *Sleeve Gastrectomy*?

A. Assign 30511-01 [889] *Laparoscopic gastric reduction* for a sleeve gastrectomy procedure. Further information on this gastric reduction procedure can be found at http://www.nlm.nih.gov/medlineplus/ency/article/007435.htm

Q. What code should I give for *Short Bowel Syndrome* in a patient who had multiple small bowel resections and as a result has *Short Bowel Syndrome*?

A. "*Short-bowel syndrome* is a disorder clinically defined by malabsorption, diarrhea, steatorrhea, fluid and electrolyte disturbances, and malnutrition. The final common etiologic factor in all causes of short-bowel syndrome is the functional or anatomic loss of extensive segments of small intestine so that absorptive capacity is severely compromised." (See http://emedicine.medscape.com/article/193391-overview)

The codes assigned will depend on whether the short bowel is due to surgery or an original congenital absence of part of the bowel – in this case it seems to be that it is due to the previous surgery.

We suggest that appropriate codes to assign for this patient are:

• If surgical absence of small intestine is the cause of the short bowel syndrome we suggest assigning the following codes for this diagnosis:

K91.2 *Postprocedural malabsorption, not elsewhere classified*
Y83.2 *Surgical operation with anastomosis, bypass or graft*
Y92.22 *Health service area*

Also code any symptoms of the malabsorption that are present and meet criteria, such as failing to thrive or diarrhoea.

However:

• If the cause of the short bowel syndrome is congenital absence of small intestine see category Q41 *Congenital absence, atresia and stenosis of small intestine*.

Q. Can you please clarify if it is appropriate to use R77.8 *Other specified abnormalities of plasma protein* to indicate raised ca125 levels?

A. Ca125 is a substance found in the blood called a glycoprotein which can be used as an indicator of ovarian cancer.
Source: http://www.medicinenet.com/ca_125/article.htm#what_is_ca_125

We agree with your code assignment of R77.8 *Other specified abnormalities of plasma proteins* in the absence of any other finding, but if the cause is identified e.g. ovarian cancer there is no need to code R77.8, just code to the cause of the raised ca125 e.g. ovarian cancer.

Q. Can you please advise on what diagnoses codes to use for a *displaced mirena coil*? A patient came in for laparoscopy to remove the coil which was displaced in the abdomen – there were no complications.

A. We suggest that appropriate codes to assign are

- T83.3 *Mechanical complication of intrauterine contraceptive device*
- Y83.1 *Surgical operation with implant of artificial internal device*
- Y92.22 *Health service area*

Cracking the Code

A selection of ICD-10-AM Queries

Q. If a patient is treated for years with *Juvenile Arthritis* and then they go over the age we get queried on it saying they are too old for this condition do we still give them the juvenile arthritis or do we change to rheumatoid arthritis.

A. Please code to juvenile arthritis unless another condition is documented. This particular edit is built into the classification as part of the AR-DRG assignment process, this is a grouper edit.

Q. If a patient has regional block anaesthetic in theatre (with no other anaesthetic or sedation) should I code this as 92510-xx *Regional block, nerve of trunk*? Also if they have sedation with this should I code both?

A. Code 92510-xx [1909] *Regional block, nerve of trunk* is correct in this case if the site is trunk. Regional Block codes are also available for upper limp, lower limb, head or neck.
As per ASC 0031 *Anaesthesia,* code to the anatomical area of the field of anaesthesia rather than the point of administration. If a patient has sedation and a regional block anaesthetic you should code both. See Point 1 of ACS 0031 *Anaesthesia*, as regional Block is in block [1909] and sedation is in block [1910].

Q. What procedure code is assigned for *Arthroscopy of ankle with Debridement and Open Cheilectomy* performed?
The cheilectomy procedure is the removal of bone spurs that are impinging and causing pain – see http://www.footeducation.com/an-ankle-cheilectomy

We suggest that appropriate codes to assign are;
90574-01 [1561] Excision of joint, not elsewhere classified
49700-00 [1529] Arthroscopy of ankle
And the anaesthetic as appropriate.

Q. Please advise on the diagnosis code to assign in the following case:
Histology reporting of a vulval excision concluded that "features are consistent with spindle cell leiomyosarcoma."

- **checked under "leiomyosarcoma" and was directed to "C49.5" following the branch "Neoplasm, connective tissue, malignant."**
- **checked under malignant neoplasm of vulva and was directed to "C51.9."**

Does "connective tissue" takes precedence over coding malignancy specifically to the "site"? I wonder could you clarify which, if any, of the above codes is correct to use.

To code Leiomysarcoma of the vulva:

1. Look up Leiomyosarcoma: Leiomyosarcoma (M8890/3) — see also Neoplasm, connective tissue, malignant
2. Look up Neoplasm, connective tissue, malignant
3. Vulva is not indexed under connective tissue, therefore:
4. See the "Note" at beginning of connective tissue which states "for sites that do not appear in this list, code to neoplasm of that site"
5. Look Up Neoplasm, Vulva, malignant.
6. Assign C51.9 *Vulva, unspecified (malignant neoplasm of*)

A. Connective tissue is used when we are directed there by the alphabetic index (as in point 1 above).
When the site is not listed under connective tissue, as happened in this example, the "Note" at the beginning of connective tissue directs us to "code to neoplasm of that site".

Do you have a coding query?

Please email your query to: hipecodingquery@hpo.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, available at: **www.hpo.ie/find-it-fast**

Upcoming HIPE Portal Reporter Training

Reporter training is now delivered via WebEx on three consecutive mornings and covers all aspects of working on the HIPE Portal. This course is open to all working within the system who are using HIPE data through the HIPE Portal or through the HOP. Please complete the online training form at: **www.hipe.ie/training**

Course	Date	Time
HIPE Portal Reporter Training [Part I]	Tuesday 12th August 2014	10:30am – 12:30pm
HIPE Portal Reporter Training [Part II]	Wednesday 13th August 2014	10:30 am – 12:00pm
Using Scripts & Extracts in the HIPE Portal Reporter [Part III]	Thursday 14th August 2014	10:30 am – 12:00pm

Upcoming Courses

Checker Training with Demo

This session will include training and demonstrations of the HIPE Checker Tool. Participants can join by WebEx or attend at the ESRI building where hands-on training will be available (limited places).

Date: Tues 15th July
Time: 11am – 1pm
Location: ESRI building & WebEx

HCAT Training with Demo

This session will include training and demonstration of the HIPE Coding Audit Tool (HCAT). Participants can join by WebEx or attend at the ESRI building where hands on training will be available (limited places).

Date: Tues 15th July
Time: 2pm – 4pm
Location: ESRI building & WebEx

Coding Skills IV
Z Codes Workshop—Part 1 & Part 2

Coders of all levels are welcome to participate in both of these sessions which are run over 2 consecutive mornings.

Date: Tuesday 22nd and Wednesday 23rd July
Time: 10.30am – 1pm each day.
Location: ESRI building & WebEx

To apply for any of the advertised courses, please complete the online training form at:

www.hipe.ie/training

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@hpo.ie

See the 'Find it Fast' section of the HPO website for easy access.

www.hpo.ie/find_it_fast/

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.

Date: Tuesday 19th – Thursday 21st August
Time: 10am – 5pm each day
Location: ESRI building

Coding Tip - With a new classification coming next year it is a good time to review the basics.

The 5– Steps to Quality Coding

1. ANALYSE - Medical Terminology
Read the discharge summary and all relevant clinical documentation to identify diagnoses and procedures.

2. LOCATE - Main Terms
Use the alphabetical index to search for conditions, diseases, external causes, symptoms and other factors influencing health status. An alphabetical index also applies to procedures.

3. SELECT - a tentative code
Select the most appropriate code from the alphabetical index.

4. CHECK - the code against the Tabular List
Verify the tentative code within the tabular list to ensure that it is the most accurate code. Check for instructions on conventions e.g., includes and excludes notes and code also to guarantee correct code assignment.

5. APPLY - Australian Coding Standards (ACS) and Irish Coding Standards (ICS)
Check both ACS and ICS for specific guidelines to assist accurate code assignment. Additional guidelines are published in training material provided by the HPO, Coding Notes, and Coding Matters/ 10 Commandments.

Thought for Today

"Do one thing every day that scares you."

— Eleanor Roosevelt