Coding Notes

Latest news from HIPE

ABF Conference 2015

The annual conference (formerly the 'Casemix Conference') was held at the RSCI in Dublin in May 2015. Wednesday afternoon, 27th May was a closed technical session for those working directly in HIPE and the speciality costings area. Thursday, 28th was a full day of presentations by both international and Irish experts.

Mr Leo Varadkar TD

The Minister for Health, Mr Leo Varadkar, TD opened the conference. He talked about his own experiences of coding as a junior doctor. All of the presentations including video of each of Thursday's presentations are available on www.hpo.ie.

Next DIT course commencing September 2015

The School of Computing in DIT now accredits and supports the certification course in Clinical Coding. The second class to go through the DIT certification course 'Certificate in Clinical Coding' are now heading towards their final assessments and preparing for their examination on 1st September. The next certification course will commence in early September 2015, finishing in March 2016. Closing date for completed application forms is Friday, 21st August. Please send an email to HIPETraining@hpo.ie for further information, schedule of dates and an application form. It is important that you can commit to all dates in the schedule for this course as these are aligned with DIT academic and examination board schedules. If you have applied before and were unsuccessful you still need to apply again.

The course consists of 2 modules. There are three assessments for Module 1 and two assessments in Module 2. There is also a final face to face examination which students **must attend in person on the appointed date and time**.

The course content is based on the on-going HIPE training courses; from *Introduction to HIPE,* through the *Introduction to Anatomy and Physiology* and also *Coding Skills I, II and III*. If you are considering applying for the certification course you might consider attending some HIPE training courses (see page 8 for the latest on courses on offer). You also need to sign a declaration that you have coded in HIPE for 60 hours for each module.

It is a substantial commitment for students but feedback so far has been great. The course is a great opportunity for HIPE coders to gain recognition for their skills and knowledge.

While all applicants may not be successful this time, we are endeavouring to be able to provide this opportunity to as many interested HIPE coders as possible over the coming years.

The National Audit of Information in the Irish Acute Setting Project in which the Healthcare Pricing Office (HPO) and Pavilion Health are partners attempting to achieve improvement in the quality of HIPE data, commenced in May 2015. The core purposes of the project are to:

- Assess the validity of data underpinning the health service ABF funding model

- Validate a range of data reported to the HPO by acute hospitals; and

- Support data quality improvement in admitted patient data reporting including the identification of best practice clinical coding service management & coder skills and knowledge.

One of the key activities of this project is to complete a study on the management of coding services in the ABF hospitals in line with best practice. As part of this a total of 57 people from hospitals all over Ireland and from a range of roles recently attended a workshop in the HPO. These roles included Coders, HIPE Coordinators, Hospital Casemix Coordinators and Finance Managers. Further information on this project is available to HIPE staff from info@hpo.ie.

Diabetes Mellitus and Intermediate Hyperglycaemia

The main changes to the classification of Diabetes and Intermediate Hyperglycaemia (IH) in 8th edition are as follows:

ACS 0401 *Diabetes Mellitus and Intermediate Hyperglycaemia* has been shortened and is easier to navigate with each section numbered.

Some of the main changes to the classification of Diabetes and IH in 8th Edition are as follows:

The General Classification guidelines are now called the rules and numbered for ease of reference. There are 7 rules. Please refer to ACS 0401 for complete list. Note the following which are different from ACS 0401 6th Edition:

Rule 1. DM and IH should always be coded when documented

Rule 4a. All complications of DM or IH **classified to category E09-E14** should **always** be coded to reflect the severity of DM or IH.

Rule 4b. Complications or conditions associated with DM or IH classified outside of category E09-E14 should **only be coded when** the condition meets the criteria in ACS 0001 Principal diagnosis or ACS 0002 Additional diagnosis—See Example 1 below. **This is a substantial change.** Please follow the 5 Steps to Quality Coding as there are **exceptions** - See Example 2 below.

Example 1

Patient with unstable Type 1 Diabetes Mellitus is admitted for investigation of blood sugar levels.
Patient also has a senile cataract.

Principal diagnosis: E10.65 *Type 1 Diabetes Mellitus with poor control*
Additional diagnosis: E10.39 *Type 1 Diabetes Mellitus with other specified ophthalmic complication.*

Example 2

Patient with Type 2 diabetes mellitus is admitted for removal of senile cataract with IOL. They also have CKD, stage 1.

Principal diagnosis: H25.9   *Senile cataract, unspecified*
                                 E11.39 *Type 2 Diabetes mellitus with other specified ophthalmic complication*
                                 E11.21 *Type 2 diabetes mellitus with incipient diabetic nephropathy*
                                 N18.1   *Chronic kidney disease, stage 1*
                                 E11.71 *Type 2 diabetes mellitus with multiple microvascular and other specified nonvascular complications*

Please see the note at codes: E1-.21   *Diabetes mellitus with incipient diabetic nephropathy*
                                         E1-.22   *Diabetes mellitus with established diabetic nephropathy*
                                     ___*Use additional code to identify the presence of chronic kidney disease (N18.-)*___

DM and IH with features of Insulin resistance – Hypertension alone does not meet criteria for assignment of E1-.72

- Obesity, Morbid Obesity and overweight meet criteria for assignment of E1-.72
- There is a new flow chart in ACS 0401 Diabetes Mellitus and Intermediate Hyperglycaemia to help with code assignment

DM with multiple microvascular and other specified nonvascular complications

The assignment of E1-.71 *Diabetes with multiple microvascular and other specified nonvascular* has been simplified and this code is assigned as a flag to reflect the severity of diabetes when criteria are meet.

Example 3

Patient with Type 2 Diabetes Mellitus is admitted for treatment of chronic kidney disease (stage 3).
They also have a senile cataract.

Principal diagnosis: N18.3   *Chronic kidney disease, stage 3*
Additional diagnoses: E11.22 *Type 2 Diabetes mellitus with established diabetic nephropathy*
                                 E11.39 *Type 2 Diabetes mellitus with other specified ophthalmic complication*
                                 E11.71 *Type 2 Diabetes mellitus with multiple microvascular and other specified nonvascular complications*

Keeping HIPE data safe and secure

HIPE data are a valuable resource and it is all our responsibilities 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

Keeping Personal Data Secure:

Test Yourself

As a minimum standard, you should be able to answer **YES** to the following 6 questions:-

1.   Is access to your computers and manual files restricted to authorised staff only?

2.   Is access to the information restricted on a "need-to-know" basis in accordance with a defined policy?

3.   Are your computer systems password protected?

4.   Is information on screens kept hidden from callers to your offices?

5.   Have you a backup procedure in operation, including off-site backup?

6.   Are all waste papers, printouts, etc. disposed of carefully?

Source **www.dataprotection.ie**

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

Passwords
Passwords prevent unauthorised accessed 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 HPO 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 you are sending queries to the HPO please ensure that patient identifiable information (e.g. patient's name, address or MRN) are not included in any communication.

Q: If a patient has a diagnostic laparoscopy performed and then proceeds to have an open procedure, should a code be assigned for the diagnostic laparoscopy?

This query was received by the HPO regarding diagnostic laparoscopies please see the response below from the ACCD. Ref No: TN565 | Published On: 17-Oct-2013 | Status: Current

Minimally invasive procedures proceeding to open procedures

Eighth Edition Education Workshop FAQs - Part 1

A: A code for the diagnostic laparoscopy should be assigned in addition to the open procedure code(s). It is only appropriate to assign 90343-01 [1011] Laparoscopic procedure proceeding to open procedure where the procedure was intended to be performed using a minimally invasive technique but then is converted to an open procedure due to a complication or other unplanned circumstance. These codes should not be used for diagnostic endoscopy/laparoscopy/arthroscopy.

(Coding Rules, October 2013)

Q. We are looking for clarification on a patient admitted with multiple warts. We were previously just coding it once but do we now code it out to the number or warts excised i.e. the same as we are doing with skin lesions.

A. Following the advice in ACS 0020 Bilateral/Multiple Procedures it advises that removal of certain warts are coded once. Please see below example 5 in ACS 0020 Multiple and bilateral procedures in relation to plantar, anal, and vulva warts where there is an instruction to code the removal once for these types of warts.

EXAMPLE 5:

Assign one code only in the following examples:

· diathermy of anal warts

· diathermy of vulval warts

· removal of plantar warts

· excision of anal skin tags

· multiple excisions or biopsies of the same lesion

Q. If a patient with Cystic Fibrosis develops Diabetes what type of DM is assigned?

A. The type of diabetes would need to be documented in the chart otherwise assign E14.- *Unspecified Diabetes Mellitus*

Q. Could you advise as to the best way to code Emphysematous cystitis?

A. We suggest that appropriate code to assign for Emphysematous cystitis is N30.8 *Other cystitis* plus enter an explanation to record specific type. This is in line with coding advice in other jurisdictions for this condition. Further information on this condition can be found at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC524183/

Q. What is the correct code assignment for Hypertensive Kidney disease with kidney failure?

A. There is a **Coding Rules** with a similar query at code I12.0 *Hypertensive kidney disease with kidney failure*. The codes assigned will depend on whether the renal failure is acute or chronic.

• If the kidney failure is acute kidney failure assign a code for the acute kidney failure in addition to I12.0 *Hypertensive kidney disease with kidney failure*. The sequencing will depend on the reason for admission.

• If this is chronic kidney failure there is no need to assign an additional code- assign I12.0 *Hypertensive kidney disease with kidney failure* only

• If it is acute on chronic kidney failure assign a code for the acute renal failure and I12.0 *Hypertensive kidney disease with kidney failure*

If it is just renal failure with no other information available - assign I12.0 *Hypertensive kidney disease with kidney failure* – see excludes note at N19.

Always follow the Five Steps to Quality Coding and verify codes in tabular index checking for additional information, code also notes, excludes notes and Coding Rules articles.

Cracking the Code

A selection of Coding Queries

Q. A patient has Influenza B identified on microbiology. When I looked it up I came up with the default J10.1, using the look up Influenza – virus identified.

Can you please confirm which I should use?

A. The code will depend on the manifestations – so if there are respiratory manifestations it will be J10.1 *Influenza with other respiratory manifestations, other influenza virus identified.* There are separate codes in J10 if there is pneumonia or other manifestations. The code assigned will depend on the circumstances of each case and codes must always be verified in the tabular index.

Q. If free fluid is noted in the pelvis and is aspirated, what code would you use to document this condition and procedure?

A. If nothing else is found and no cause is identified we suggest that appropriate codes to assign are:

Diagnosis:

Index look up:

Fluid,

-Abdomen - R18 *Ascites*

Procedure:

30406-00 [983] *Abdominal paracentesis*

Q. Please advise on the codes to assign for the following case: Scapholunate Dissociation Grade 2. Procedure - FCR tendon harvested. Reconstruction using tendon graft, sutured on to itself and loosely on to the dorsal rim of the radius, Findings were of a dynamic scapholunate instability.

A. Thank you for your query on a Scapholunate dissociation, this is a ligamentous wrist injury also known as rotary Subluxation of Scaphoid.

We suggest that appropriate codes to assign are

M24.33 *Pathological dislocation and subluxation of joint, not elsewhere classified Forearm* –

49215-00 [1470] *Reconstruction of wrist* And

90578-00 [1564] *Procurement of tendon for graft*

Q. Please advise on codes for the following case:

Indication: Plantar plate rupture 2nd metatarsal

Procedure: Plantar plate repair 2nd Metatarsophalangeal joint (MTPJ)

Weil Osteotomy 2nd metatarsal

Incision and Approach: The procedure was carried out via a single incision. A dorsal incision was made as a longitudinal incision.

Intra Operative Procedure: Then a Weil's metatarsal osteotomy of the 2nd was performed using an oscillating saw. The metatarsal head was shortened between 2 and 5 mm proximal. Repair of plantar plate 2nd MTPJ was performed. Plantar plate identified and fixed to proximal phalanx with intraosseous sutures.

The osteotomy of the 2nd metatarsal was fixed with a Spin - snap off screw. The protruding end of the dorsal apexes were then trimmed down with a bone nibbler. There were no adverse events.

A. We suggest that appropriate codes to assign are

Diagnosis:

If *traumatic* assign S93.2 *Rupture of ligaments at ankle and foot level*

or

If *old* assign M24.27 *Disorder of ligament Ankle and foot*

Procedure:

50106-00 [1571] *Joint stabilisation, not elsewhere classified*

and

48403-00 [1528] *Osteotomy of metatarsal bone with internal fixation*

Cracking the Code

A selection of Coding Queries

Q. The histology states–Rectal CA with two of ten mesorectal lymph nodes containing metastatic adenocarcinoma. For coding of malignant mesorectal lymph nodes – are they intra- abdominal or intra-pelvic lymph nodes?

C77.2   Secondary and unspecified malignant neoplasm - Intra-abdominal lymph nodes or
C77.5   Secondary and unspecified malignant neoplasm - Intrapelvic lymph nodes

A. The mesorectum is the area of the fatty tissue below the rectum that contains lymph nodes. For more info see: http://www.oncolink.org/types/article.cfm?c=5&s=11&ss=605&id=9457&p=3

We suggest that appropriate code to assign is C77.5 Intra-pelvic lymph nodes.

Q. If a patient is admitted with Acute Appendicitis (and Appendicitis is documented on the operation sheet) and the histology comes back as Hyperplasia only do I code Acute Appendicitis or Hyperplasia of the appendix?   In the sixth edition there was a standard giving direction to code the acute appendicitis. This standard seems to be deleted for the 8th edition.

A. Thank you for your query. ACS 1101 was deleted in 7th Edition as part of a review of the ACS and is therefore not present in 8th edition. The advice in Point (a) of ACS 1101 was transferred into the ICD-10-AM Tabular List (see below). Amendments were also made to the ICD-10-AM Alphabetic Index to support Points (b) and (c) that were in the old standard in 6th edition. As always coders are reminded to follow the five steps which includes verifying codes in the Tabular Index and applying guidelines.

K35 *Acute Appendicitis*

Includes: clinically diagnosed acute appendicitis without histological confirmation.

For this query and following the inclusion note at category K35, code the case in this query to Acute Appendicitis.

Q. How do I code the following procedure: "Removal of implant right breast (infected) and placement of expander".

A. This requires two ACHI codes. We suggest that appropriate procedure codes to assign are:

45548-00 [1758] *Removal of breast prosthesis*

45539-00 [1756] *Reconstruction of breast with insertion of tissue expander*

Note: that the index has 'with reconstruction' as a non-essential modifier. The index has to be followed and the fact that 'reconstruction' is in the code title does not exclude this as the correct code selection.

Index look up:

Removal — see also Excision

 - prosthesis, prosthetic device

 - - breast 45548-00 [1758]

Insertion

 - tissue expander (skin) (soft tissue) (subcutaneous tissue) 45566-00 [1661]

 - - breast (with reconstruction) 45539-00 [1756]

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.**

Please anonymise any information submitted to the HPO (see article on page 3 of this edition of Coding Notes).

Low weight neonates and unknown admission weights.

When coding neonates with an admission weight of less than 2,500 grams please ensure that guidelines from ACS 1618 *Low Birth Weight And Gestational Age* are followed. An admission weight of less than 2,500 grams is significant and a diagnosis code to reflect this low weight or prematurity is expected.

In a small number of cases the admission weight for neonates is not known, this is a documentation issue and where this is found assistance from the clinical team should be sought before assigning an admission weight of less than 2,500 grams. Where the admission weight cannot be established assign an admission weight of 9,999 grams and cases with this admission weight may also be queried by the HPO as this is an indication of poor quality patient information.

HIPE Consultant Numbers

The form for requesting HIPE Consultant Numbers is available from the Find it Fast section on our website www.HPO.ie. Please note our new address and fax number (also included on the new consultant number request form).

Following the move to the HPO a new dedicated e-mail address has been set up for the processing of requests for HIPE Consultant Numbers – **hipenumber@hpo.ie**.

Return form to:
Post: Consultant Number Requests, Healthcare Pricing Office, Brunel Building, First Floor, Heuston South Quarter, St John's Road West, Dublin 8.
Fax: 01-7718414
E Mail: Scanned copies can be sent to hipenumber@hpo.ie

The following useful forms are also provided on the Find IT Fast section of the HPO website (www.HPO.ie)

- Unlisted Drugs and Chemicals Query Form

- Coding Query Help form

Checker© Update

The HPO recommends that the Checker© software is run monthly on HIPE data, ideally prior to each export. The Checker© software is available in all hospitals as standard in the HIPE Portal. The Checker© can be run on all cases, on cases coded since the last export or Coders can run the Checker on the cases they have coded themselves. The results of the Checker© run can be saved within the Checker©, created in Excel and or created as an extract that can be used in the HIPE reporter.

Use of the Checker© software is monitored centrally and is an indication of data quality activities in hospitals. We will be following up with individual hospitals who are not routinely running the Checker© and your feedback is important in keeping the Checker© up to date and responsive to your data quality needs.

****A Checker© training session will be held on Tuesday 14th July 2015 – 11am-1.00pm****

This course is offered via WebEx and there are also a limited number of spaces to attend the course in person at the HPO

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 application at: **www.hpo.ie/training.** The next course is scheduled for:

Course	Date	Time
HIPE Portal Reporter Training [Part I]	Tuesday 18th August 2015	10:30am – 12:30pm
HIPE Portal Reporter Training [Part II]	Wednesday 19th August 2015	10:30 am – 12:00pm
Using Scripts & Extracts in the HIPE Portal Reporter [Part III]	Thursday 20th August 2015	10:30 am – 12:00pm

Upcoming Courses

NOTE: All HIPE coding courses are now in 8th Edition ICD-10-AM/ACHI/ACS/ICS.
Some courses below where indicated will specifically address changes with 8th edition.

8th Edition
Regional Full Day Diabetes Workshops

Date: Thursday, 16th July
Time: 10.00am – 4pm
Location: Mayo General Hospital, Castlebar
Or
Date: Friday 17th, July
Time: 10.00am – 4pm
Location: Galway University Hospital

Coding Skills IV— Workshop

Z-Codes

Dates: Tuesday, 26th August   Part 1
Wednesday, 27th August   Part 2
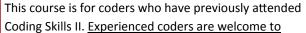**Time each day:** 10.30 am -1pm
Location: HPO/WebEx Only.

Introduction to HIPE

This is a general introduction to the variables collected by HIPE for new coders and others working in the HIPE system.
Date: Thursday 10th September
Time: 10.30am – 1pm
Location: WebEx

Coding Skills III

This course is for coders who have previously attended Coding Skills II. <u>Experienced coders are welcome to attend this course for refresher training</u>.
Date: Tuesday 22nd – Thursday 24th September
Time: 10am – 5pm each day
Location: HPO, Brunel Building only

Diabetes and Neoplasms
23rd September

******SPECIAL SESSIONS******
Coders are invited to attend on Wednesday 23rd September as part of the above Coding Skills III course at HPO, Brunel Building.

Diabetes—Refresher
Date: Wednesday, 23rd September
Time: 10am – 1pm

Neoplasms—Refresher
Date: Wednesday, 23rd September
Time: 2pm—5pm

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: info@hpo.ie

See the 'Find it Fast' section of the HPO website for easy access.
www.hpo.ie/find_it_fast/

Anatomy & Physiology

These courses will be delivered by a specialist speaker.

Anatomy & Physiology—Introduction
This course is open to all HIPE coders
Date: Thursday 15th October
Time: 11am – 1pm
Location: HPO, Brunel Building & WebEx
Anatomy & Physiology— Infectious diseases
Date: Thursday, 16th October
Time: 2pm—4pm
Location: HPO, Brunel Building & WebEx

Coding Skills I

This course is for new coders who have attended the Introduction to HIPE course.
Date: Tuesday 3rd & Wednesday 4th November
Time: 10am – 5pm each day
Location: HPO, Brunel Building only

Data Quality Session

Date: Tuesday, 17th November
Time: 10.30am – 1pm
Location: WebEx only

Note: This is an update on data quality activities and tools including the portal HCAT and Checker. This session will be repeated subject to demand.

Coding Skills IV— Workshops

Same Day Endoscopies
Date: Tuesday, 24th November
Time: 10.30 am -1pm
Location: WebEx Only.

Coding Skills II

This course is for new coders who have attended Coding Skills I and <u>must have started to code prior to attending.</u>
Date: Tuesday 1st - Thursday 3rd December
Time: 10am - 5pm each day.
Location: HPO, Brunel Building only

To apply for any of the advertised courses, please complete the online training applications form at: **www.hpo.ie/training**
Please inform us of any training requirements by sending an email to
hipetraining@hpo.ie.

Thought for Today

"Don't count the days, make the days count."

Mohammad Ali