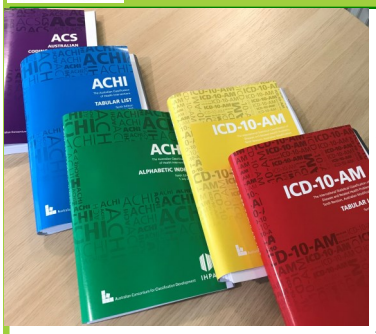
Coding Notes

Healthcare Pricing Office

Number 80
June 2018

Midsummer News



ICD-10-AM/ACHI/ACS 10th Edition. Preparations are starting for the roll out of ICD-10-AM/ACHI/ACS 10th Edition. All systems need to be updated including the HIPE Portal and the edits, the HCAT and the Checker.

All HIPE training course materials need to updated for the 10th edition. Our training schedule for the remainder of the year will be influenced by the update, both in terms of the update courses and the regular courses we will be offering. All new coders will need to be trained in 10th edition from now on. We are looking forward to meeting everyone later in the year when we hold our information sessions on the update. We are finalising venues and dates and hope to roll out the training over 1.5 day sessions around the country to ensure everyone is ready for the changeover on 1.1.2019. On 6th September we will have a day for HIPE managers on the update and what you can all do now to prepare. We will contact managers directly on this.

There are plenty of training and update materials available on the ACCD website and we encourage everyone to start looking at these presentations to get a sense of the enhancements and improvements coming through with 10th edition. As we are updating from 8th Edition to 10th edition we need to take on all enhancements across 9th and 10th edition of ICD-10-AM/ACHI/ACS. For information, training materials, presentations and videos on 9th and 10th edition updates please see: www.accd.net.au/Education.aspx

Data Quality is always to the fore in all the work we do and it was great to catch up with so many clinical coders recently at the training sessions for the **PICQ tool (Performance Indicator of Coding Quality).** This tool is currently in the final stages of installation and we welcome this additional piece of kit to the Data quality toolbox. PICQ is provided and supported by Pavilion Health who undertook the National Audit of HIPE in 2015. The PICQ tool will be used by coders and hospitals to further data quality assure your data and provide you with feedback on your coding. It will be a great learning tool for all. With the update to 10th edition available for PICQ this will further quality assure the data going forward.

Audit is central to data quality and this year Jacqui Curley, Coding Manager in the HPO, developed and delivered a highly successful **HIPE Audit training course**. This is a new course and Jacqui and her team are keen to share their expertise and knowledge to the wider HIPE community. The feedback has been fantastic for this course - '*I really enjoyed listening to all the presentations, a lot to be learned*.' The next course will be advertised later in the year (see p2 for more information).

A key component of quality data is timeliness. We want to thank everyone for their fantastic efforts in meeting the deadline for the final submission of 2017 HIPE data at the end of March. **A total of 1,718,525 discharges were submitted to the national file for 2107, representing 99.74% national coverage.** It is a really great achievement and very much appreciated by all the many users of HIPE data. **Thank you all!**

Inside This Issue

HPO HIPE Coding Audit Training Course

The HPO's first HIPE Coding Audit Training Course is nearing completion with the 6 participants currently working on final projects for submission in mid-July.

This initial course was held over 3.5 days and covered many HIPE audit and data quality topics as shown below. With important sessions on all aspects of auditing and data quality covered, students were invited to propose and deliver an audit project related to their own work and relevant to their role within the HIPE Department.

HPO HIPE Coding Audit Training Course (from L to R): Marie Rice (HPO), Jennifer Verling, Moira Shaw, Annette Keady, Helen Nolan (HPO), Jackie Dale, Victoria Hirst, Mary Fagan, Jacqui Curley (HPO).

The aim of this course is for experienced HIPE coders to understand the role of the coding auditor and the audit process and to be able to perform all aspects of a HIPE coding chart based audit. The objectives of the HIPE audit training course include;

- Understand the role of the auditor and the audit process
- Know how to identify areas for audit and prepare samples
- Know how to use the HCAT
- Know/understand how to undertake /conduct re-abstraction
- Know how to interpret and report on audit information, make findings and recommendations
- Know how to communicate audit findings and follow up on recommendations.

Structure of HPO HIPE Audit Training Course
Day 1: HPO Role of Auditing and an introduction to the audit process
Day 2: HPO Audit skills & HCAT The Audit project
Half day: WebEx Audit report writing
Day 3: HPO Reporting & Presentation of audit results
Submission of Project One month for submission of anonymised audit project for assessment

Project work is a key element of this course and the projects being undertaken by the participants are all relevant and practical for HIPE departments. The topics selected for the projects include areas such as stroke coding, COPD coding, specificity of codes, sepsis and obstetric coding.

The HPO will shortly announce details for the next HIPE Audit training course and this will be advertised to all HIPE staff. We would like to thank the current participants for their positive feedback and input into the course.

Look at the great changes coming in

Ophthalmology in 10th Edition ACHI

With the update to **ICD-10-AM/ACHI/ACS Tenth Edition** there will be very positive changes to the coding of ophthalmology procedures. Coders will see a more logical approach to coding with amendments and removal of old terminology. Procedures on cataracts have been reviewed and assignment of codes will now give coders the option of coding extraction of crystalline lens to specify the type of lens extraction and also the use of a second code for insertion of intraocular lens if performed. Procedures on strabismus have undergone significant changes which coders will find to be both logical and easier to classify, with botulinum toxin for strabismus now being included in administration of agent into extraocular muscle for strabismus. The reoperation procedures for strabismus have undergone substantial revision with the introduction of a more efficient block of codes which includes the removal of the need for coders to be aware of the number of muscles involved in the procedure. Codes have also been revised to remove the need to apply for separate codes for one or two eyes within reoperation procedure for strabismus as this will now be encompassed within the single given code. Codes have been introduced and adapted to give coders availability of more specified codes within areas such as aspiration of aqueous or vitreous and procedures on lens. These changes will be reviewed in greater detail when we start our 10th Edition training which will be happening this coming autumn, but as you can see the changes coming are all beneficial to ease code assignment within ophthalmology.

Summary of changes

- Deletion of many codes with the concepts reclassified elsewhere
- Addition or amendment of *Instructional* notes
- Deletion of old terminology, i.e. 'magnetic' vs. 'nonmagnetic'
- Amendment of code titles for consistency within the classification
- Review of cataract procedure codes in blocks **[193]** to **[201]** revealed that the codes were overly granular with many overlapping concepts. As new types of intraocular lenses are being developed and used in cataract surgery, classifying the procedures with 'foldable' or 'rigid' intraocular lens is now redundant.
- Coding of cataract procedures will now require assignment of a code from block **[193]** *Insertion of intraocular prosthesis* to specify the lens insertion **and** a code from block **[200]** *Extraction of crystalline lens* to specify the type of lens extraction.
- Creation of two codes in block **[203]** *Other procedures on lens;* 42737-01 *Needling of posterior capsule of lens* and 42734 -01 *Capsulotomy of lens*.
- The split of codes in block **[204]** *Aspiration of aqueous or vitreous* to distinguish between diagnostic and therapeutic aspiration was unnecessary, and was deleted. An *Includes* note for 'injection of therapeutic substances' has been added.
- Amendment of the title of block **[216]** to *Procedures for strabismus*
- Creation of 18366-01 **[216]** *Administration of agent into extraocular muscle for strabismus*.
- Revision of *reoperation procedures on extraocular muscle* in block **[219]**

Source:

Australian Consortium for Classification Development

For information, training materials, presentations and videos on 9th and 10th edition updates please see : www.accd.net.au/Education.aspx

Consultant Numbers

Each consultant has a unique number (4 digit code) assigned by the HPO which may *not* be used for any other consultant. When a consultant (including non-permanent consultants) takes up duty a written request for a new (or existing) number must be sent to the HPO.

If you require a HIPE number for a consultant working in your hospital you must submit a request form to the HPO.

When a request for a HIPE consultant number is received it is cross referenced in the database to check if this consultant has previously been issued with a HIPE number. As these numbers are unique to each consultant, the same number will always be used for that particular consultant regardless of which hospital they are working in. If the consultant has not previously been issued with a HIPE number we will assign a new one.

Requesting consultant numbers:

Please submit the completed signed form to the HPO by e-mail, post or fax.

- If you require the number urgently please email with the details and we will endeavour to reply as soon as possible. However it is important that you follow up this request with the completed paperwork.
- The HPO requires an official signed record of your hospital's request.

Some Additional Points:

- Each hospital must submit their request through the HPO. Please do not contact another hospital to obtain a HIPE consultant number.
- **All locum or non-permanent consultants require a HIPE number.** The number of the permanent consultant should not be used for a locum temporarily covering their position.
- If you do not have complete information on the consultant please refer back to your hospital administration before you submit the request form to the HPO.
- The form for requesting HIPE Consultant Numbers is available from the Find it Fast section on our website www.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: A dedicated e-mail address is in place for the processing of requests for HIPE Consultant Numbers – scanned copies can be sent to hipenumber@hpo.ie

NOTE: All Consultant Numbers are encrypted on export to the HPO for the national file.

Consultant Number Request Form:

All fields are important on the form but please note the following:

Medical Council Registration Number; please ensure that this number is included on the consultant number request form when it is sent to the HPO.

Surname; please ensure that this information is accurate and the spelling is correct.

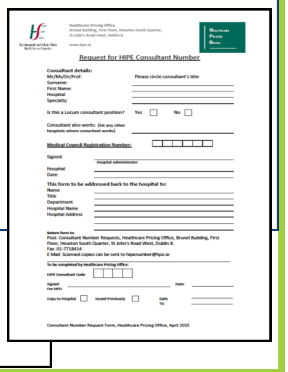
First Name; again ensure that this is accurate and that the spelling is correct. Please provide us with the consultant's full first name; an initial is not sufficient.

Specialty; By informing us of the specialty it is easier for us to identify the correct consultant for which you require a number.

Is this a Locum consultant position? Please indicate if this consultant is working as a locum in your hospital. **All locum/non-permanent consultants must be documented in HIPE;** you should not use the HIPE number of the permanent consultant whose position the locum is covering.

Consultant also works; unless it is the consultants first posting it is likely that they have already been assigned a HIPE number. Therefore is it very useful if you can provide details of where the consultant has previously worked. Please refer to your hospital administration to obtain these details.

Signed; the form must be signed by an authorised hospital administrator to verify that all details provided are correct.


Request for HIPE Consultant Number

Cracking the Code

A selection of 8th Edition ICD-10-AM Queries

Q. How do you code CRE infection carrier when it meets criteria for an additional diagnosis?

A. Carbapenem-resistant Enterobacteriaceae (CRE,) are a group of bacteria resistant to Carbapenems. Carbapenems are a group of antibiotics usually reserved to treat serious infections, particularly when these infections are caused by germs that are highly resistant to antibiotics. Sometimes Carbapenems are considered antibiotics of last resort for some infections.

Please code to:

Z22.1 *Carrier of other intestinal infectious diseases*

Z06.58 *Resistance to other beta-lactam antibiotics*

Please note that this supersedes any previous advice given.

Q. When is the code Z82.4 *Family history of ischaemic heart disease and other diseases of the circulatory system* used? This question arises particularly in patients that presents with chest pain and hypercholesterolemia?

A. Z82.4 *Family history of ischaemic heart disease and other diseases of the circulatory system* – would only be coded if it meets the criteria in ACS 0002 *Additional Diagnosis.* See also coding rule below.

Ref No: TN203 | Published On: 15-Sep-2008 | Status: Current

Q: If a patient is admitted with chest pain and there is documentation of risk factors such as hypertension, family history of IHD etc. and tests such as scans are performed for the risk factors, should the risk factors be coded?

A: As per ACS 0002 *Additional diagnoses - Risk factors,* these factors should only be coded if they meet the additional diagnosis criteria or another standard indicates they should be coded, i.e. if the tests are performed for the hypertension, family history of IHD etc., these conditions would then meet the additional diagnosis criteria for code assignment. ***(Coding Matters September 2008 Volume 15, Number 2)***

Q. The documentation states that the Patient has Chronic Kidney Disease (CKD) but the stage is not documented. The eGFR result state that the Patient has "moderate renal impairment". Without further information, which code from N18.x *Chronic kidney disease* is assigned*?*

A. Assign this to code N18.3 *Chronic kidney disease; stage 3* based on *ACS 1438 Chronic Kidney Disease*

STAGES OF KIDNEY FUNCTION REDUCTION

STAGE	DESCRIPTION	GFR (mL/ min/1.73m^2)
1	Kidney damage with normal or increased GFR	> 90
2	Kidney damage with mild decreased GFR	60-89
3	Moderate decreased GFR	30-59
4	Severe decreased GFR	15-29
5	Kidney failure	< 15

CLASSIFICATION

Chronic kidney disease (N18.-) must be assigned in all episodes of care when a diagnosis of chronic kidney disease (or chronic renal failure) is documented and meets the criteria for an additional diagnosis (see ACS 0002 *Additional diagnoses*).

Where CKD is documented, assign the stage based on:

1. documentation of a stage by clinician,

OR

2. documentation of GFR (or eGFR) by clinician,

OR

3. GFR (eGFR) from pathology result.

Cracking the Code

A selection of 8th Edition CD-10-AM Queries

Q. What is the correct code for Malignant Pericardial Effusion? The patient has primary carcinoma of the lung with metastases to the brain and adrenal gland.

A. Malignant pericardial effusion is defined as – 'A condition in which cancer causes extra fluid to collect inside the sac around the heart. The extra fluid causes pressure on the heart, which keeps it from pumping blood normally. Lymph vessels may be blocked, which can cause infection. Malignant pericardial effusions are most often caused by lung cancer, breast cancer, melanoma, lymphoma, and leukemia.' https://www.cancer.gov/publications/dictionaries/cancer-terms?cdrid=765476

As there is no specific code for malignant pericardial effusion please code the condition to:

I31.3 *Pericardial effusion (noninflammatory)*

Q. A patient has Severe C. Diff Colitis with Toxic Megacolon and was treated by using Faecal Microbial Transplant therapy. What is the correct code for Faecal Microbial Transplant?

A. As per Coding Rule Ref**: Q2816 published on: 15-Mar-2014 Faecal Microbiota Transplantation FMT** please code this procedure to:

92075-00 [1895] *Gastrointestinal tract instillation, except gastric gavage.*

An additional code should also be assigned if delivered via an endoscope.

Q. If a patient comes in as a day case with Nonfamilial Hypogammaglobulinaemia for an Intravenous Immunoglobulin (IVIG) infusion what codes are assigned?

A. Please code as follows:

D80.1 *Nonfamilial hypogammaglobulinaemia*

13706-05 [1893] *Administration of gamma globulin*

Q. The death notification form for a patient who died during the episode being coded has been completed by the Medical Consultant. This states that the disease directly leading to death was acute MI. However, there is no mention of MI in any of the documentation in the chart. The patient's LOS was 14 days. Is the MI is to be coded in this case?

A. As per Coding Rule **Ref No: Q2640/Published On: 15-Jun-2011**, **Cause of death & ACS 002 Additional Diagnosis**, the MI would not be coded as it was not treated during the episode of care. ACS standards and guidelines should still be followed regardless of whether a condition was documented on the death notification. HIPE collects morbidity not mortality data.

Q. Following on from a query which was raised at Coding Skills III regarding the HADx flag please refer to the examples and coding advise below:

Example 1

A patient who was admitted electively for a procedure changed their mind and decided to cancel the procedure after admission.

PDx = reason for admission

Additional Dx = Z53.2 *Procedure not carried out because of patient's decision for other and unspecified reasons* – this is flagged as HADx

As this was a scenario that arose during the episode of care, and was not present on admission Z53.2 *Procedure not carried out because of patient's decision for other and unspecified reasons* is flagged as HADx

Example 2

A patient was admitted electively for Hip Replacement due to Osteoarthritis. The procedure was cancelled because the patient had a respiratory tract infection.

PDx = OA of the HIP

Additional dx = Z53.0 *Procedure not carried out because of contraindication* - this is flagged as HADx

A code for the respiratory tract infection is also assigned – this is not flagged as HADx

ICS 0048 *Hospital Acquired Diagnosis (HADx) Indicator* contains guidance for use of the HADx Indicator together with examples**.** Also please note the following:

If in doubt please do not assume a condition is Hospital Acquired. This must be clearly documented before the flag is used.

ACS 0048 *Condition onset Flag* contains guidelines and examples that assist with the application of the HADx indicator.

COF 1. Condition with onset during the episode of admitted patient care = HADx. ACS 0048 provides a list of inclusions for COF 1 together with examples.

Cracking the Code

A selection of 8th Edition ICD-10-AM Queries

Q. A patient is admitted for Fractional flow reserve (FFR) without any other procedure. The FFR is included in the angiogram code when this is carried out but we have no standalone code for patients admitted for FFR without any other procedure.

A. FFR is a guide wire-based procedure that can accurately measure blood pressure and flow through a specific part of the coronary artery. FFR is done through a standard diagnostic catheter, cardiac catheterization. See: http://www.ptca.org/ivus/FFR.html

This procedure is often performed during a coronary angiogram, however if the angiogram is not performed we suggest you code to one of the following codes only.

38200-00 Right heart catheterisation

38203-00 Left heart catheterisation

38206-00 Right and left heart catheterisation

Please also refer to *Coding Rule* below

Ref No: Q2908 | Published On: 15-Sep-2014 | Status: Current

Catheter based cardiac intervention with angiogram

Q: Should a procedure code be assigned for cardiac catheterisation or coronary angiogram when they are performed with a catheter based cardiac intervention, e.g. percutaneous heart valve replacement?

A: The term 'cardiac catheterisation' is a broad term for several related procedures. Cardiac catheterisation can be a purely diagnostic procedure where a catheter is inserted into heart chambers and valves to do various tests such as measuring intra-cardiac pressures, testing for cardiac shunts, and measuring cardiac output and flow. When the catheter is inserted into coronary arteries to evaluate coronary artery diseases, it is termed coronary angiogram. In recent decades, cardiac catheterisation has evolved from a purely diagnostic method into many important catheter based interventional procedures where cardiac catheterisation serves as a guiding catheter through which various instruments pass into the target site to perform specific procedures.

Classification:

When a cardiac catheterisation is performed alone (i.e. not in conjunction with other cardiac procedures), as a purely diagnostic procedure, assign an appropriate code from block **[667]** *Cardiac catheterisation*.

When a cardiac catheterisation is performed with coronary angiogram, assign an appropriate code from block **[668]** *Coronary angiography*.

When a cardiac catheter is performed in conjunction with a catheter based cardiac intervention e.g. percutaneous heart valve replacement, it is considered as an approach only, inherent in the procedure and therefore an additional code for cardiac catheterisation is not required.

When a coronary angiography is performed as an additional procedure during a catheter based cardiac intervention, assign 38215-00 *Coronary angiography*.

The 'code also when performed coronary angiography' instruction notes in Chapter 8 *Procedures on cardiovascular system* will be reviewed for a future edition of ACHI. Consideration will also be given to reviewing the codes in Block **[667]** *Cardiac catheterisation* and Bock **[668]** *Coronary angiography* and relocating these codes to Chapter 20 *Imaging services* where they would be more appropriately located.

(Coding Rules, September 2014)

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.

Upcoming Courses

To apply for any of the advertised courses, please complete the online training applications form at: www.hpo.ie/training

Please ensure you enter the correct email addresses when applying for courses

All information provided will be kept confidential and only used for the purpose it is supplied.

Please inform us of any training requirements by emailing hipetraining@hpo.ie.

Coding Skills II

This 3 day course is for new coders who have attended Coding Skills I

Date: Tuesday, 3rd—Thursday 5th July
Time: 10.00m - 5.00pm each day.
Location: HPO, Brunel Building only

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, 18th - Thursday 20th September
Time: 10.00am – 5.00pm each day
Location: HPO, Brunel Building only

Data Quality Session

Date: Thursday 27th September
Time: 11:00—13:00 pm
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

Diabetes

This Workshop will include classification guidelines with examples and exercises.

Date: Thursday, 12th July
Time: 10.30 am – 1.00 pm
Location: WebEx only

Z-Codes Workshop—2 half days

Dates: Tuesday, 4th and Wednesday 5th September
Time : 10.30am –1.00pm—each day
Location: HPO, Brunel Building & WebEx

Orthopaedics Workshop

This course will focus on the classification guidelines for orthopaedic conditions and procedures in ICD-10-AM/ACHI.

Date: Thursday 13th September
Time: 10.00 am – 2.00 pm
Location: HPO, Brunel Building.

Anatomy & Physiology

These courses will be delivered by a specialist speaker.

Anatomy & Physiology— Infectious and Parasitic Diseases

Date: Wednesday, 12th September
Time: 11.00am – 1.00pm
Location: HPO, Brunel Building & WebEx

Anatomy & Physiology— Skin and Subcutaneous Disease

Date: Wednesday, 12th September
Time: 2.00pm—4.00pm
Location: HPO, Brunel Building & WebEx

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

Thought for Today

The biggest communication problem is we do not listen to understand. We listen to reply.

Stephen R. Covey – 1932-2012, Author and Speaker