Coding Notes

HIPE UNIT. ESRI

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Coding Neoplasms

Everyone agrees that coding neoplasms is one of the great challenges of our job! Neoplasms Workshops are always well attended and on 10th April we are holding a special combination workshop for both experienced and other coders (see page 4). As a preview here are some basics on coding neoplasms, specifically malignancies.

Not all Neoplasms are malignant or indeed carcinomas but carcinomas (or cancers) are the most problematic for patients and coders. Cancer is a group of many related diseases. All forms of cancer cause cells in the body to change and grow in an abnormal way. Normal body cells divide and grow in an orderly fashion. But cells changed by cancer can divide and grow out of control. They become 'undifferentiated' and grow out of control damaging normal body issue and disrupt the ability of organs to function as they should.

Cancer cells often form tumours (lumps) that compress, invade, and destroy normal tissue. If cells break away from such a tumour, they can travel through the bloodstream or the lymph system to other areas of the body. They may settle and form 'colony' tumours. In their new location, the cancerous cells from the primary tumour begin growing again. The spread of a tumour to a new site is called metastasis or secondaries (2^0). The cells in a metastatic tumour resemble those of the primary cancer. By examining the cancerous tissue under a microscope, a pathologist can usually tell whether the type of cell is normally found in the part of body where the tissue sample was taken. Metastatic cancers may be found at the same time as the primary tumour, or months or years later. The Table of Neoplasms gives three options of classifying Solid Malignant growths and also provides three additional options of non-malignant growths; benign, uncertain and unspecified behaviour. The goal in coding a neoplasm is to identify

A. The **point of origin** (site) of the neoplasm and

B. The **behaviour** of the abnormal cells within the neoplasm.e.g primary, secondary, in-situ, benign.

Note that non solid tumours e.g. leukaemias will be found under the main term of the disease and NOT in the Table of Neoplasms.

Sequencing of Neoplasms

A. If the treatment is directed at the malignancy, designate the malignancy as the principal diagnosis, except when the purpose of the encounter or hospital admission is for radiotherapy session(s) V58.0 or for chemotherapy session(s), V58.1 in which instance the malignancy is coded and sequenced second after the relevant V58 code.

B.When a patient is admitted for the purpose of radiotherapy or chemotherapy and develops complications such as uncontrolled nausea and vomiting, the principal diagnosis is Admission for radiotherapy, V58.0, or Admission for chemotherapy, V58.1.

C When the primary malignancy has been previously excised or eradicated from its site and there is no adjunct treatment directed to that site and no evidence of any remaining malignancy at the primary site, use the appropriate code from the V10 series as a secondary diagnosis to indicate the former site of the primary malignancy.

D When a patient is admitted because of a primary neoplasm with metastasis and treatment is directed toward the secondary site only, the secondary neoplasm is designated as the principal diagnosis even though the primary malignancy is still present.

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Cracking the Code!

A selection of queries received in the HIPE unit recently:

Question: A patient was admitted for repair of Gamekeeper's thumb. What codes do we assign in this case?

Answer: Gamekeeper's thumb is coded to 718.84, the repair will be coded to 81.96, Repair of Ulnar Collateral Ligament.

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Question: A patient was recently admitted to our hospital with fatigue and is diagnosed with M.E. What codes should we assign?

Answer: M.E. stands for Mylelising Encephalitis and is coded to 323.9

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Question: A patient was admitted to our Obstetrics Unit for transfer of embryo under General Anaesthetic. What procedure code do we assign?

Answer: Assign procedure code 71.9

W-Hipe Update News

The new **W-Hipe** Software for data entry is proceeding to live (βeta) testing in a number of hospitals. When finalised for release, all hospitals will be notified of arrangements for distribution and training.

For your information ⓘ Resource material

Here in the H.I.P.E. Unit, we have an extensive collection of articles, journals, books and handouts related to coding. At present we have approximately 230 handouts on coding issues, which are divided into specialities e.g. neoplasms, obstetrics etc. These materials are issued by the ESRI at all levels of H.I.P.E. training where and when appropriate. We also subscribe to several newsletters; for example from the U.S. The American Hospital Association's *Coding Clinic*, (as referenced in ICD-9-CM Coding Book), *St. Anthony's Clinical Coding* and from the Society for Clinical Coding *Code Write*. From Australia we receive *Coding Matters*. We also have other relevant publications related to coding, medical terminology and drugs. The internet is another valuable resource for Medical information.

If you have a problem coding a condition or procedure, or would like more information do not hesitate in contacting us, and we will endeavour to answer you promptly. Simply complete a HELP! Sheet and send us as much information as is available to you. So, if you think that we have any documentation that may be of help to you, please do not hesitate to contact Marie in the HIPE Unit, ESRI at 01-6671525 Ext. 467.

Coding Corner

Cerebrovascular Accidents - Strokes (430-438)

Over 9,000 patients were admitted to hospital in Ireland with strokes in 1998. Strokes are a leading cause of death, after heart disease and cancer. They are, however, just as feared as a cause of disability. The brain is completely dependent on the rich, constant blood supply pumped up though the arteries in the neck and through the intricate system of blood vessels in and around the brain. When that blood supply fails at any point along that network, and the problem is severe enough to cause damage to the brain , a cerebrovascular accident or stroke has occurred.

The great majority of strokes fall into two basic types.

About 80 percent are ischemic, meaning that the blood supply has been blocked in some part of the network. This can be caused in three different ways. In <u>thrombosis,</u> a clot forms within one of the blood vessels in the neck or brain, and grows to the point where it blocks the circulation. With an embolic stroke or cerebral <u>embolus</u>, a clot forms in another part of the circulatory system and travels until it causes a blockage in the neck or brain. With <u>stenosis</u> there is severe narrowing of one of the vessels. Approximately 20 percent of strokes are haemorrhagic, which means that blood vessels break and there is bleeding in the brain or the spaces around the brain.

The key to evaluation is determining whether the stroke is ischemic or haemorrhagic. A CAT scan is necessary to answer this question and to guide further treatment. Whereas blood thinning drugs should be given only with ischemic strokes, this treatment can make the situation worse with a haemorrhagic stroke. On the other hand if the stroke is haemorrhagic, a CAT scan can determine if the bleeding is in the brain or in the spaces around the brain. If the stroke is haemorrhagic, the blood pressure should be reduced.

Coding Guidelines for Acute Cerebrovascular disease

•Use code 433.10 if the physician documents an initial onset of CVA with neurologic deficits if the type of CVA is stated as carotid artery occlusion without cerebral infarction

•Use code 434.11 if the physician documents an initial onset of CVA with neurologic deficits if the type of CVA is stated as central artery embolism with cerebral infarction.

•Use code 434.91 if the physician documents an initial onset of CVA with neurologic deficits if the type of CVA is stated as cerebral artery occlusion with cerebral infarction.

•Fifth digits modify the fourth digit to which they apply. Therefore the fifth digit, "1", with cerebral infarction, applies only to the code to which it is assigned. Do not interpret this to mean that the patient also is having a cerebral infarction of any other artery, or that the patient has had a cerebral infarction in the past. The fifth digit applies only to the code to which it is added, the cerebral artery, and only to the current episode of care.

•Use code 434.91 if the physician documents a CVA (Stroke) due to a cerebral infarction, but the site of the infarction is uncertain. Use of this code is permissible when the type of infarction is not specified and the site is not known.

• Never assume that an infarction has occurred without this being clearly documented in the medical record.

• Do not use code 436 if the physician documents a CVA due to a cerebral infarction, but the site of the infarction is uncertain. Instead use code 434.91 when the type of infarction is not specified and the site is not known.

Upcoming H.I.P.E. courses

We are holding 2 **'COMBINATION'** workshops:

Neoplasms Workshop: Monday 10th April 2000

Obstetrics Workshop: Tuesday 11th April 2000

These Combination Courses will each comprise of the following programme:

Morning 10am-1pm

The morning will cover the Basics of the topic for those who have never attended a workshop before or who need a refresher on the topic.

Afternoon 2pm - 4.30pm

The afternoon will be a more in depth look at the topic.

You can sign up for the morning, the afternoon or both depending on your needs.

Due to major construction work in the ESRI places will be strictly limited on these workshops.

Please contact the HIPE Unit (01-6671525) for application forms if you have candidates for any of these courses.

Regional Coder's two day workshop

Ann Towey, HCC in Sligo General hospital is organising a regional Coder's workshop on 17th & 18th April 2000. Ann is organising speakers on several specialities and will be contacting Hospitals in the area directly. The course will be facilitated by Deirdre Murphy.

NOTE:

We are finalising dates for the next Basic and Intermediate Courses please let us know immediately of any candidates or particular date restrictions.

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

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