

Coding Notes



HIPE & NPRS Unit

Health Research
& Information
Division

Number 40
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ICD-10-AM 6th Edition Update

Ireland is updating to ICD-10-AM 6th Edition in 2009

ICD-10-AM Classification Changes

The Australian National Centre for Classification in Health (NCCH) updates ICD-10-AM every two years to ensure that the classification is current and reflects both changing medical practices and terminology.

ICD-10-AM/ACHI/ACS

ICD-10-AM is now referred to as ICD-10-AM/ACHI/ACS to distinguish the three component parts of the Australian morbidity coding system:

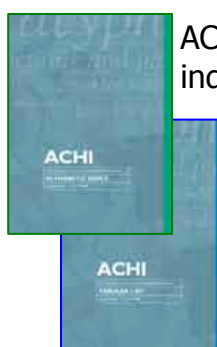
- ♦ **ICD-10-AM** – Australian modification of ICD-10
- ♦ **ACHI** – Australian Classification of Health Interventions
- ♦ **ACS** – Australian Coding Standards

ICD-10-AM – Australian modification of ICD-10

ICD-10-AM consists of the disease index and tabular books, and was *previously* referred to as Volume 1 and Volume 2. The modification to disease codes incorporates a number of important improvements. The changes were endorsed and ratified by the WHO which governs ICD-10.



ACHI – Australian Classification of Health Interventions



ACHI consists of the procedure index and tabular books, and was *previously* referred to as Volume 3 and Volume 4. ICD-10 does not include procedure/intervention codes. The NCCH produce this procedure classification to complement ICD-10-AM.

ACS – Australian Coding Standards

The Australian Coding Standards is a key component of coding and it is used to guide coders in following and understanding the coding conventions of ICD-10-AM and ACHI.



Thanks!

For
completing and
sending back
the 6th Edition
Questionnaire

6th Edition Education

One day introduction course will be held:

Dublin	14th <u>OR</u> 15th October 2008
Galway	21st October 2008
Mullingar	22nd October 2008
Cork	4th <u>OR</u> 5th November 2008

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On-line Data Reporter

www.esri.ie/health_information

HIPE - The HIPE (Hospital In-Patient Enquiry) Scheme collects medical and administrative data regarding patient discharges and deaths in acute hospitals. Accessing the information via the **On-line Data Reporter** is easy and there are many varied reports on national HIPE data available (*see website for full list*) for example;

- ♦ **2004 - Top 20 DRGs for Day Patients**
- ♦ **2004 - Top 20 Principal Diagnoses for Total In-Patients**
- ♦ **2002 - Top 20 Principal Procedures for Day Patients**

Users can also choose the type of report:

- **Quick Report** - provides an instant download of pre-selected criteria
- **Diagnoses Report** - allows a user to define and select specific diagnoses health information
- **Procedure Report** - allows a user to define and select specific procedure health information

Report

Your search criteria

Type: Diagnosis
Year: 2002
Options: All Diagnoses
Case Type: In-patients
Diagnosis Codes:
Injury and Poisoning
Fields:
Number of emergency patients
Age:
0 - 14 years
Sex:
All Sexes
Health Board of Residence:
All health boards

Diagnosis	Age	Health board of residence	Sex	Emergency patient
Injury and Poisoning	0 - 14 years	All health boards	All sexes	14329

Left is an example of a **Diagnosis Report**

TABLE 4.3

Top 20 Principal Diagnoses for Total In-Patients—Number and Percentage of Total In-Patient Discharges and Total In-Patient Average Length of Stay (Days)

Rank	Principal Diagnosis	ICD-9-CM Code ^a	N	% of Top 20 Principal Diagnoses for In-Patients	% of Total In-Patients	Total In-Patient Average Length of Stay ^b
1	Trauma to perineum and vulva during delivery	664	14,332	8.9	2.6	2.8
2	Symptoms involving respiratory system and other chest symptoms	786	14,138	8.7	2.5	3.5
3	General symptoms ^c	780	12,085	7.5	2.2	4.6
4	Other complications of pregnancy, not elsewhere classified	646	10,555	6.5	1.9	2.0
5	Other symptoms involving abdomen and pelvis	789	10,369	6.4	1.8	3.1

Above is an example of a **Quick Report**

Log onto the **ESRI** website and view the **On-line Data Reporter** at: http://www.esri.ie/health_information

Windows HIPE Reporter

The Windows HIPE Reporter is the integrated reporting facility of the Windows HIPE software.

The reporter has a wide range of reports designed to increase the usage and relevance of the HIPE data.

It is also possible to create reports on the length of stay and on the treatments that patients have received while in hospital.

A report generated by the W-HIPE Reporter

Adhoc - Notepad

The Selection Criteria were

All Secondary diagnosis must be "I10".
The discharge date between 01/01/2006 and 30/06/2006.
The datafiled Age must be between 0 and 15.

	Total	Coded	Uncoded
Dates selection	624645 (100.0%)	624645 (100.0%)	0 (0.00.0%)
Multicase selection	32274 (100.0%)	32274 (100.0%)	0 (0.00.0%)
Full selection	48 (100.0%)	48 (100.0%)	0 (0.00.0%)

Extract File : H:\IT\National Files\06EXTRACT.MOB (14/02/2008 08:14:00)

diag	Total	Pcnt	Avg LOS	Inpat Bed day/cases	Avg Age
A09 Diarrhoea and gastroenteritis	8	3.48	8.2500	66	0
A41 Sepsis due to other spec	1	0.43	151.0000	151	0
B018 varicella with other com	5	2.17	12.2000	61	0
B052 Measles complicated by p	1	0.43	5.0000	5	0
B370 candidal stomatitis	1	0.43	6.0000	6	0
C342 Malignant neoplasm of up	1	0.43	6.0000	6	14.0000
C412 Malignant neoplasm of ve	4	1.74	1.0000	1	3
C64 Malignant neoplasm of ki	7	3.04	16.0000	16	6
C788 Secondary malignant neop	1	0.43	151.0000	151	3
C831 small cleaved cell (diff	1	0.43	151.0000	151	0
C910 Acute lymphoblastic leuk	2	0.87	6.0000	6	1
D70 Agranulocytosis	1	0.43	6.0000	6	0
D761 Hemophagocytic lymphohi	1	0.43	10.0000	10	0
D803 Selective deficiency of	1	0.43	1.0000	1	14.0000
E162 hypoglycaemia, unspecified	1	0.43	151.0000	151	0
E271 primary adrenocortical	1	0.43	10.0000	10	0

The Windows HIPE Reporter is annually updated with the data from the casemix model providing a suite of casemix reports.

The flexibility of the Windows HIPE Reporter combined with timely and accurate HIPE data means generated reports are relevant to many areas of the health service, such as: bed capacity management; discharge planning; length of stay analysis; chronic disease management and casemix.

The next scheduled W-HIPE Reporter training day will be held on

20th May 2008 at the ESRI

Please contact **Mark McKenna**, 01-8632070 or email mark.mckenna@esri.ie if you would like to attend the next training day or if you require any information on the Windows HIPE Reporter.

HIPE Data Quality

Irish Coding Standard



ICS 0104 VIRAL HEPATITIS

A new coding standard has been introduced and is effective from March 2008 (V1.4)

As a result of a query to the World Health Organisation on the coding of "Hepatitis C NOS" the following advice has been issued. Where hepatitis C is documented without any further specification please assign code B18.2 Chronic viral hepatitis.

Please amend the "General Issues" column in the classification box for hepatitis C provided in ACS 0104 to read as:

When 'history of hepatitis C' is documented, coders should check with the clinician to determine if the patient still has signs of the disease. If further information is not available assign the code for chronic viral hepatitis C (B18.2).

When the patient is asymptomatic and ambiguous terms such as 'hepatitis C' or 'hepatitis C positive' are recorded, assign the code for chronic viral hepatitis C (B18.2).

Code O98.4 *viral hepatitis complicating pregnancy childbirth or the puerperium* is assigned where acute or chronic hepatitis C complicates the pregnancy, childbirth or puerperium (along with either B17.1 or B18.2 to specify the type of hepatitis). If the obstetric patient is a carrier assign chronic viral hepatitis C (B18.2).

⇒ Please note that **Irish Coding Standards Version 1.4** will be posted out to all HIPE units. This will supersede Version 1.3.

HIPE Data Quality Checks - Workbook

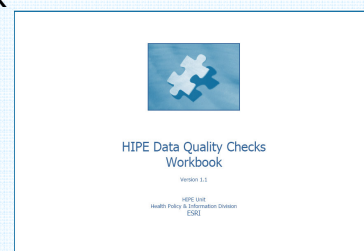
Many hospitals undertake regular data quality reviews on HIPE data. The **HIPE Data Quality Checks Workbook** contains over 70 checks that can be run on your data. The checks are organised by specialty and the Workbook provides information on the coding guidelines and how to run the checks on the W-HIPE reporter.

There are useful checks provided for:

- **administrative data**
- **general standards for diagnoses and procedures**
- **specialty chapters**

The workbook is one of a range of Data Quality Tools that can be used to improve and maintain high data quality standards. The HIPE Data Quality Check Workbook is also a useful training tool for new coders.

**To request a copy of the workbook for your office
please email: hipe@esri.ie**



2006 HIPE National File Closure

The 2006 file will be closed at the end of June 2008

The 2006 HIPE National File will be used in the preparation of *Activity in Acute Public Hospitals in Ireland 2006, Annual Report*.

- ⇒ Please submit any additions or outstanding corrections with your HIPE export, by the **30th June 2008**; this will ensure inclusion before closing the national file. After this date it will no longer be possible to export 2006 data.
- ⇒ HIPE hospitals will be contacted prior to the closure to ensure that all the relevant collected data are submitted on time.

If you have any queries please contact: Rachel Joyce, Health Research & Information Division:
Phone **(01) 8632000** or Email **rachel.joyce@esri.ie**

T Code Survey

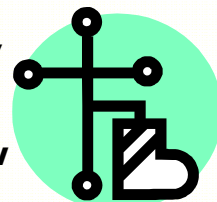
T Code Survey

T80 - T88 *Complications of surgical and medical care*

The **T-Code Survey** is about collecting the medical terms/words/phrases that you, as coders, see written in the medical record. What a doctor writes about the patient influences the way you code and it is these documented words that we need help in collecting.

Would **you** like to make ICD-10-AM a better classification? You can, simply by participating in this survey.

Please see enclosed flyer for more detailed information on how **you** can make a difference.



6th Edition Winning Slogan is...

*"new codes galore,
6th edition offers more"*

Congratulations to **Theresa Kent** from Cork University Hospital.



Australian Coding Standards (ACS)

To ensure coding quality please refer to both the ACS and the ICS

"The responsibility for recording accurate diagnoses and procedures, in particular principal diagnosis, lies with the clinician, not the clinical coder. A joint effort between the clinician and clinical coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures." (Source: Australian Coding Standards. NCCH ICD-10-AM, July 2004, Vol 5, p.1)

The ACS contains coding conventions/definitions, clinical information on conditions such as diabetes and injuries and coding examples. ACS are indexed in volume 1 and 3 and there are two ways to find the information you need via the **Table of Contents** and the **Index** in volume 5.

The **ACS Table of Contents** lists all the standards in numerical order beginning with **General Standards for Diseases** through to each **Specialty Standard** starting on page **i**, in volume 5.

The **ACS Index**, starting on page **293**, volume 5, (or refer to e-Book) provides a detailed alphabetical list of key lead terms.

Used together these two sections assist you in finding a standard that will help you with accurate code assignment.

Example of finding the standard on cigarette smoking

See Table of Contents — page ii

SPECIALTY STANDARDS

5. Mental and behavioural disorders

0503 Drug, alcohol and tobacco use disorders

See Index

Definition (of)

- drug/alcohol
- - harmful use **0503**

Dependence

- drug **0503**

Disorder

- use
- - drug **0503**

Drug

- - harmful use **0503**

Harmful use

- drug or alcohol **0503**

Syndrome

- dependence, drug and alcohol **0503**



▽ = symbol used to denote a standard

ACS FACTS, 4th Edition

- ♦ There are **15** General Standards for Diseases
- ♦ There are **21** General Standards for Procedures
- ♦ There are **249** Specialty Standards
- ♦ Each standard is a unique four digit number
- ♦ Standards are categorised by site and/or system
- ♦ There is no standard on Chapter 17 (Congenital malformations, deformations and chromosomal abnormalities) though congenital anomalies are addressed throughout the ACS

Irish Coding Standards



Irish Coding Standards V1.4
(ICS)



Version 1.4
March 2008
ESRI

This supersedes Version 1.3

The Irish Coding Standards (ICS) apply to all activity collected in HIPE. The standards have been written to satisfy sound coding convention according to ICD-10-AM and to **augment, clarify** or **replace** the ACS as appropriate.

It is always advised that you use the Irish Coding Standards in conjunction with the Australian Coding Standards.

Coding Guidelines

Repair of Uterine Rupture

Uterine rupture, (tearing of the uterus) mostly occurs during labour and is more likely due to a previous caesarean section. Scar dehiscence, the most common risk factor, happens when a uterine scar begins to tear, usually during labour.

Example 1: Patient failed to advance in the first stage of labour due to Buttonhole dehiscence. She had a previous c-section four years ago and went on to have emergency c-section.

Codes: **071.1** *Rupture of uterus during labour*
034.2 *Maternal care due to uterine scar from previous surgery*
062.2 *Other uterine inertia* (assigned to capture the failure to advance)

Example 2: Patient is admitted in labour for non-reassuring CTG's and scar dehiscence, plus amniotic fluid in peritoneal cavity. History of previous c-section. Proceeded to emergency caesarean.

Codes: **071.1** *Rupture of uterus during labour*
034.2 *Maternal care due to uterine scar from previous surgery*
♦ *In this example a code is not assigned for 'amniotic fluid in peritoneal cavity' as this is most likely a symptom of the ruptured uterus. However, verification from the clinician would be useful.*
⇒ Code also Outcome of delivery and any conditions that meet **ACS 0002** *Additional diagnoses and relevant procedures such as repair of uterine rupture where performed or documented.*

Urinary Catheterisation

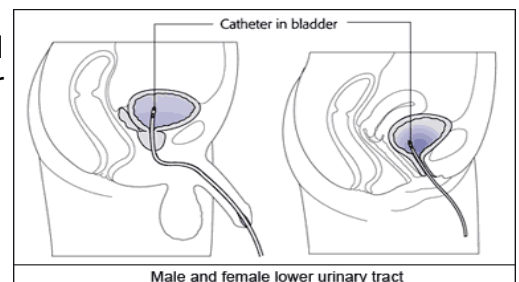
There are **two** main types of urinary catheterisation, **Indwelling** and **Intermittent**.

- ♦ **Indwelling** catheterisation is where the catheter is left in continuously.
- ♦ **Intermittent** catheterisation is where the catheter is inserted only until the urine in the bladder has been drained, and then the catheter is removed.

If it is necessary to have an indwelling catheter for a long period of time, a long-term indwelling catheter such as a Foley catheter would be used. A Foley catheter is a catheter with a small balloon on the end of the tube that is inserted into the bladder. When inflated, the balloon keeps the catheter securely in the bladder.

If the urethra is too inflamed and narrow for a catheter to pass through it, the catheter will need to be inserted into the bladder through the abdomen in a **suprapubic** catheterisation. A small incision (cut) will be made in the wall of the abdomen and a cannula (small tube) inserted through it.

Reference: http://cks.library.nhs.uk/patient_information_leaflet/urinary_catheterization



ACS 0042 *Procedures Normally Not Coded*

14. Postprocedural urinary catheterisation

Code if patient discharged with catheter in situ
Code suprapubic catheterisation

If a patient has catheterisation **that is not considered part of another procedure** (procedure component) a code for the catheter **is assigned**.

Example 1: a patient is admitted with urinary retention and is catheterised whilst in hospital - you **would** assign a code for the catheterisation.

Example 2: a patient is discharged home with a catheter in situ - you **would** assign a code for the catheterisation.

Example 3: patient undergoes caesarean section, catheter inserted and removed day 2 post op - you **would not** assign a code for the catheterisation.

Cracking the Code

A selection of recent coding queries

Hormone injection for cancer

What is the PDx in a case where the patient has prostate cancer and is admitted for administration of Decapeptyl - which is a hormone injection?

If the admission **is a day** case assign **Z51.1 Pharmacotherapy session for neoplasm**. If the admission **is not a day** case assign the appropriate neoplasm code for prostate as principal diagnosis. Assign a procedure code from block **1920** with the extension of - 00 *Antineoplastic agent*. (see also ACS 0044 Chemotherapy)

Lactose intolerant neonate

A 2 week old newborn is admitted with a diagnosis of lactose intolerance. How do I code this?

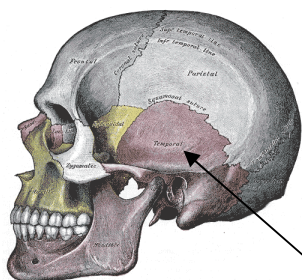
Not all conditions that affect a newborn have specific codes in **Chapter XVI Certain conditions originating in the perinatal period**. To be able to code a condition a coder may have to use a code from another chapter, even though the patient is a neonate and the condition began in the neonatal period. For this example there is no neonate code to reflect this condition therefore assign **E73.9 Lactose intolerance, unspecified**.



Cortical contusions

A patient was admitted with fracture of left petrous bone just anterior to the left external auditory canal with cortical contusions. Should I code the cortical contusions?

Following clinical advice you would **not** code the cortical contusion. For the above scenario assign **S02.1 Fracture of base of skull** for the fracture of the petrous bone.



Code also the relevant external cause codes to complete the code set.

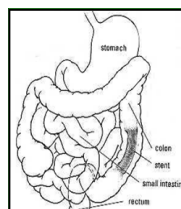
The petrous bone is situated within the temporal bone

Insertion and replacement of rectal/colonic stent

Could you please advise us on a code for insertion/replacement of rectal/colonic stent?

NCCH advice given in queries 2337 and 2368, confirms that: "Colonic stents are usually placed to relieve obstructions or strictures (often malignant) of the colon. There is no specific code in 4th Edition therefore in the interim the NCCH advises that 32094-00 **[917]** 'Endoscopic dilation of colorectal stricture' is the correct code to assign for endoscopic placement of a colonic stent, following the pathway:

- Dilation
- colorectal
- - stricture (endoscopic) 32094-00 **[917]**"



Rectal Stent
Colonic Stent



⇒ **Specific codes for colonic and rectal stents have been created forACHI Sixth Edition.**

Winter Vomiting Bug

What is the winter vomiting bug and how do I code a patient diagnosed with it?

Winter vomiting disease is caused by infection with the small round structured virus (SRSV), also known as the Norwalk-like virus or norovirus. SRSV lives in the gut and is passed from person to person by poor hygiene after using the bathroom - not washing hands properly after using the toilet and then touching toilet handles, seats, door handles and so on. It can also be spread when someone vomits and small aerosols containing the virus enter the air, (source BBC.co. UK.Health).

The code to assign is:

A08.1 Acute gastroenteropathy due to Norwalk agent

If you have a coding query:

Please email hipecodingquery@esri.ie or log onto www.esri.ie

Upcoming Courses

ICD-10-AM 4th Edition Coding Courses for 2008

MODULE 1

Dates: 13 - 14 May 2008

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

MODULE 2 (by invitation on completion of Module 1)

Dates: 1 - 2 - 3 April or 10 - 11 - 12 June 2008

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

INTERMEDIATE

Dates: 19 - 20 - 21 August 2008

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

ONE DAY Regional Refresher Courses

This **new format** of **one day** courses aims to address HIPE data quality issues across all specialities. All coders may attend these regional courses to **update** their coding skills and **ensure** ongoing data quality.

Coders will be contacted with details of dates and venues

Combination Workshops

The format of these workshops includes a talk on the relevant body systems followed by coding case studies.

Date: 26/05/08

Course: Introduction to Anatomy and Physiology **and**
Infectious & Parasitic Diseases, ICD-10-AM Chapter I

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

Date: 27/05/08

Course: Musculoskeletal & Connective Tissue, ICD-10-AM Chapters 13 **and**
Nervous System, ICD-10-AM Chapter 6

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

For application forms please contact hipe@esri.ie

**Closing date for receipt of completed applications is
Wednesday 30 April 2008**

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, Sir John Rogerson's Quay, Whitaker Square, Dublin 2.

Thanks and keep in touch!