Coding Notes

Updates 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 are 83 new diagnoses codes, 102 new ACHI codes and 2 new ACS, with 52 amended ACS . **There will be a phased training plan which all HIPE coders must attend**. This training is scheduled for:

1. October / November 2014
　　　1 Day Tasters – 4 locations
2. January 2015
　　　2 Day Update – 4 locations
3. March / April 2015
　　　1 Day Follow Up – multiple locations

Further information will follow shortly. A questionnaire has been sent to all hospital to collect information on classification requirements. If your hospital did not receive this please contact us immediately.
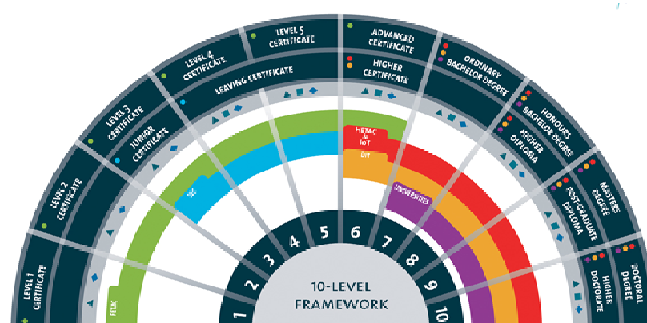
_____

Agreement with DIT & HPO

The December 2013 Edition of Coding Notes included the announcement that the HPO has signed an agreement with the Dublin Institute of Technology (DIT) to become an accredited training body, now able to provide certified training for coders working within the HIPE system. This was made possible with the help and support of the School of Computing at DIT. The Clinical Coder training will remain as it is now, but with the new option for HIPE coders to take a series of assessments and a final examination across 2 modules. Successful completion of the assessments and final exam will lead to the awarding of a professional level 6 certification (See National Framework of Qualifications—www.NFQ.ie for further information). In-depth knowledge of 'The 5 steps', the classification, the ACS and ICS will be required for successful completion of the certificate.

Next Steps

As Ireland is moving to the 8th Edition of ICD-10-AM/ACHI/ACS for all discharges from 1.1.2015 the certification will be offered for 8th edition training onward. In advance of the update and as a preparatory step it is planned to offer the certification to a small initial cohort to complete modules 1 & 2 by the end of this year. Applications are invited from interested coders currently working within HIPE coding departments in Ireland, who would like to be part of this exciting new initiative. Places will be strictly limited on this first group to be certified. The process will involve an application process through the HPO, registration with DIT, and a series of assessments based on the subject matter taught through the HIPE coding courses at the HPO. Please contact us if you would be interested in being involved in this process at this stage. We are also happy to speak to people regarding this at the Healthcare Pricing Office Educational Seminar in Limerick. With the pass mark for the final examination of 80% why not have a go at the sample question on page 7 (answers on page 8). **Good Luck!**

National Framework of Qualifications

Blank Page

Follow-up Care

As a result of the reconfiguration of acute hospital services there is an increase in the number of patients being transferred from one hospital to another following treatment. Also many patients are admitted to hospital A and have treatment in hospital B <u>during their episode</u> of care at Hospital A.

When a patient is transferred from one hospital to another following surgery, assignment of the principal diagnosis will be based on the reason for transfer (see also ACS 0001 *Principal Diagnosis* for definition of principal diagnosis). It is important to establish the reason that the patient was transferred:

- for continuing care/treatment of the <u>condition</u> that required surgery at the transferring hospital or care/treatment of another co-existing condition.
- for postoperative convalescence or aftercare <u>following surgery</u> .

Quite often patients are transferred to another hospital after surgery to be closer to home or due to lack of beds available at the hospital where the surgery was performed. The patient is receiving active treatment for their <u>post-operative status</u> (e.g. wound checks, change of dressings, etc) rather than receiving active treatment for the <u>condition</u> that required surgery.

ACS 2103 ADMISSION FOR CONVALESCENCE/AFTERCARE

When a patient is transferred from one hospital to another with a diagnosis of 'postoperative convalescence' and it is clear the patient is still receiving *active treatment*, assign as principal diagnosis code Z48.8 *Other specified surgical follow-up care*.

<u>The condition which required surgery should be an additional diagnosis code</u>.

Example 1

A 65-year-old male was admitted to Hospital A with IHD on 02/02. He was <u>discharged & transferred</u> to Hospital B on 03/02 (as Hospital A does not have the facilities) where a diagnosis of CAD was made and a Coronary Artery Bypass graft was performed. The patient was transferred back to Hospital A on 07/02 and he received ongoing post-operative care. During the episode of care, the patient developed hypokalaemia and became fluid overloaded. He was commenced on Slow K and he was discharged home 8 days later without further complication.

Codes for second admission to Hospital A:

Z48.8	*Other specified surgical follow-up care*
I25.1-	*Atherosclerotic heart disease*
Z95.5	*Presence of coronary angioplasty implant and graft*
E87.6	*Hypokalaemia*
E87.7	*Fluid overload*

Note: Z48.8 Other specified surgical follow-up care is assigned as PDx in this case as the patient was re-admitted for surgical follow-up care rather than continuing care for CAD or treatment of the complications arose during the episode of care.

Follow-up Care
continued

Example 2

A 65-year-old male is admitted to hospital A where they have a colectomy for diverticular disease with haemorrhage and are <u>transferred to Hospital B two days after the surgery</u> to be closer to home.

Codes for episode of care at hospital B:

Z48.8	*Other specified surgical follow-up care*
K57.33	*Diverticular disease of large intestine without perforation or abscess with haemorrhage*
Z93.3	*Colostomy status*

Note: Z48.8 Other specified surgical follow-up care is assigned as PDx in this case as the patient was admitted for surgical follow-up care rather than continuing care.

Example 3

Patient admitted for allied health interventions following evacuation of brain haemorrhage at another hospital.

Codes for episode of care at hospital B:

Z48.8   *Other specified surgical follow-up care*

Also assign code for the brain haemorrhage and ACHI codes for the allied health interventions.

Note: Z48.8 Other specified surgical follow-up care is assigned as PDx in this case as the patient was admitted for surgical follow-up care rather than continuing care.

A code from Z50.- *Care involving use of rehabilitation procedures* is **not** assigned as the documentation didn't specify that the patient was admitted for Rehabilitation.

LOCUM CODERS

Locum Coders: We are regularly asked by hospitals if we know of any experienced coders available for locum or temporary work. While we cannot recommend anyone we can put coders in contact with hospitals if we know people are interested. Just contact us if you would like to do this type of work.

hipecodingquery@hpo.ie

Note: Please inform us if there are any new coders that require training at your hospital or experienced coders requiring training in new specialties.

Temporary leave days &
Transfers to non-HSE acute hospitals

Temporary leave days:

When a patient is allowed to leave the hospital, without being discharged, and return a day or two later e.g. over a weekend, the number of nights the patient is away for must be recorded as temporary leave days and the episode recorded as one admission. The following information is provided in the 2014 HIPE Instruction Manual (page 13):

> **Temporary leave days** (where applicable)
>
> For all discharges the number of temporary leave days will be collected to "enable the collection of information on the number of days during an in-patient stay where the patient is not in the hospital and has been temporarily sent home." (Source: Department of Health & Children CX06/2006)
> There will be a single HIPE record to include the total length of stay in days from the patient's original admission to the eventual final discharge.
>
> This field will **not** be collected where:
>
> - A patient is considered to be "clinically discharged" but continues to reside in a bed for a number of days prior to being transferred to another facility.
> - Where a patient is temporarily sent to another hospital for a day to undergo a particular procedure.
> - Where the patient returns home during a day and returns before midnight.
> - Where a patient returns home for more than three days and is readmitted after this.

Transfers to non-HSE acute hospitals

When a patient is transferred to a non HSE acute hospital e.g. a private hospital or a hospital in Northern Ireland, please refer to the *full list* of hospital transfer codes in the HIPE Instruction Manual. Please note that transfer codes are provided for the following:

Other Acute Hospitals		
9030	Acute Hospital in Northern Ireland	9041 Acute Hospital in Germany
9031	Acute Hospital in England	9050 Acute Hospital in the United States of America
9032	Acute Hospital in Scotland	9060 Private Hospital
9033	Acute Hospital in Wales	9099 Other Acute Hospital
9040	Acute Hospital in France	

When a patient is transferred to a hospital in the list the discharge code will be;

03 - **Emergency** Transfer to Hospital in Hospital Code Listing or transfer to *any* <u>Acute</u> Hospital not specified in Hospital Code Listing (see pages 15 – 16 of HIPE Instruction manual).

   Or

04 - **Non Emergency** Transfer to Hospital in Hospital Code Listing or transfer to *any* <u>Acute</u> Hospital not specified in Hospital Code Listing (see pages 15 – 16 of HIPE Instruction manual).

<u>**And**</u> assign the 4 digit hospital transfer code

When the coder enters a transfer (03 or 04) as a discharge code the system will respond with a request to identify the hospital in question. This hospital may be entered by a 4-digit code number from the Hospital Code List (See pull down menu in HIPE Portal or listing on page 16 of the 2014 HIPE Instruction Manual).

Temporary leave days &
Transfers to non-HSE acute hospitals continued

Example 1. Patient transferred to acute hospital in Northern Ireland as a non emergency. Discharge code: **04 - Non Emergency** Transfer to Hospital in Hospital Code Listing **And** Transfer Hospital code: 9034 Acute Hospital - Northern Ireland	**Example 2.** Patient transferred for emergency surgery to private hospital in Ireland. Discharge code: **03** - **Emergency** Transfer to Hospital in Hospital Code Listing **And** Transfer Hospital code: 9060 Private Hospital

Discharge status and bed days

The HIPE Portal records information on the public/private discharge status of the patient, in addition to the number of days a patient is in a public bed, a private bed, a semi-private bed and/or an intensive care bed. The HIPE portal also records where a patient is on temporary leave (see page 5 of this Coding Notes). There is now a special interest in the recording of both the discharge status and the numbers of days in various types of beds for HIPE discharges so it is important that this information is collected accurately.

There is an important difference between the discharge status and the different numbers of bed days. These HIPE variables record very different information on the patient. The definitions of these variables can be found in the HIPE instruction manual but it is useful to note the following.

- The discharge status refers to the public/private status of the patient only.
- The number of days in a public bed depends on the type of bed occupied only and not the status of the patient. The same is true with the days in a private bed and days in a semi-private bed. It is expected that private patients are in private beds and but there is no reason why they cannot be in public beds (and vice versa).
- If a patient leaves a hospital for a couple of days but has not been discharged, they are considered to be on temporary leave.
- It is suggested that the midnight census is used to count the number of days in a public, private, semi-private beds etc. This allows a simple check to ensure that all the days are allocated to some sort of bed by comparing the total allocated days (to public, private etc) to the length of stay.
- For daycases and same-day cases, the length of stay is 1 and total number of public, private, semi-private etc. days must be equal to 1 also.

There are edits in the HIPE Portal which ensure that the number of days allocated equal the length of stay, a message appears and the coder is prompted for a correction if they do not match.

To ensure that this information is being accurately recorded in HIPE

- Hospitals should continue to check the downloaded information when they are coding a chart and correct it if there is a discrepancy.
- Coders should perform regular "spot checks" of the bed day totals against other hospital systems and the chart, to make sure the information is transferring correctly. To do this, coders might look at the downloaded information and compare it to the information in the chart and on the PAS.
- Finally, hospitals should ask the PAS vendors to verify that they are allocating the numbers of days correctly and that the private beds and private wards in the hospital have been correctly identified on the PAS system.

If there are any questions about the allocation of Public, Private, Semi-Private etc. days, please contact the HIPE and NPRS unit in the Healthcare Pricing Office.

HIPE Portal- Forcing Password Reset
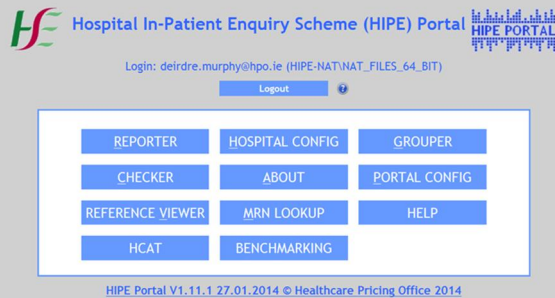
In the next version of the HIPE Portal, HIPE IT have added a feature that, when enabled, will prompt Portal users to reset their passwords on next login. This feature can be configured to specify the number of days that will elapse before a user will have to reset their password. In addition, previous passwords cannot be reused.

This is in keeping with the security safeguards already implemented in the Portal and is designed to ensure the maximum safety of data.

If you have any further questions on this please contact hipeit@hpo.ie

Please Change Your Password

Why am I being asked to change my HIPE portal password?

In the interest of security a password should not remain the same for a long period of time. Therefore you will be periodically prompted to change your password.

We ask that you don't reuse passwords associated with your email address or any other type of account. Additionally, if you enter your original password as your new password, you will trigger an error message so please create an entirely new password the next time you sign in.

Passwords prevent unauthorised access to software and data, they should not be shared.

Proceed to setting your new password

Coding Sample Question

Please code the principal and secondary diagnosis and all relevant procedures.

This 34 year old woman with a history of endometriosis was admitted to the hospital with acute bowel obstruction. She is a smoker and social drinker. She was brought to theatre for a laparotomy under a GA, (ASA 1, non emergency). Endometrioses of the sigmoid colon was confirmed with stenosis. A sigmoidectomy was performed with end to end anastomosis. The next day wound dehiscence was noted and she was taken back to the theatre. The laparotomy was resutured under sedation (ASA 1, non emergency). There were no other complications, though she was seen by the social work team, she was discharged home 2 days later.

HIPE Portal—Variable Label Change

Civil Status

The *Equal Status Act 2000* was amended through the *Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010* substituting "civil status" for "marital status" wherever it appears.

In the next version of the HIPE Portal the label *Marital Status* (or *Marital/Civil Status*) will reflect this change to *Civil Status*. The variable values will remain the same.

Civil Status	
Code	**Description**
1	Single
2	Married
3	Widowed
4	Other (includes Separated)
5	Unknown
6	Divorced
7	Civil Partner
8	Former Civil Partner
9	Surviving Civil Partner

Reporter Selection Items Screen

Portal >> Reporter >> Selection Items

Search : civil
Admin Variables
    Demographic Selections
        Civil Status

Add New Selection: Civil Status

Note: If you wish to select a single value, enter this value as both the start and end value.

Start Value
End Value

1 Single
2 Married
3 Widowed
4 Other
5 Unknown
6 Divorced
7 Civil Partner
8 Former Civil Partner
9 Surviving Civil Partner

Use Not

Note: Using ... that do not match the selection criteria abov...

Reporter Available Reports Screen

Admission Weight Reports
Admission/Discharge Code Reports
Annual Report Reports
Demographic Reports
    Area of Residence
    Area of Residence(HealthBoard)
    Area of Residence(HealthRegion)
    Civil Status
    GMS Status
    Health Insurer

Data Entry Screen

Other	Optional	Previous	HIPE Data

Civil Status: 1 Single

4 Other
5 Unknown
6 Divorced
7 Civil Partner
8 Former Civil Partner
9 Surviving Civil Partner

Adm Weight

Answers to Sample Question on previous page

Answers:

Principal diagnosis	Other and unspecified intestinal obstruction	K56.6
Additional diagnoses	Endometriosis of intestine	N80.5
	Disruption of operation wound, not elsewhere classified	T81.3
	Surgical operation with anastomosis, bypass or graft	Y83.2
	Health service area	Y92.22
	Tobacco use, current	272.0
Procedures	Limited excision of large intestine with anastomosis	3200-300 [913]
	General Anaesthetic, ASA 19	92514-19 [1910]
	Reclosure of postoperative disruption of abdominal wall	30403-03 [1000]
	Sedation, ASA 19	92515-19 [1910]
	Allied health intervention, social work	95550-01 [1916]

Scoring:

One point for every correct answer. 11/11 perfect score!

9 or over correct = a passing grade.

Less than 9—try again!

Cracking the Code

A selection of ICD-10-AM Queries

Q. If a patient is admitted for Induction of Labour because of Gestational Diabetes, can a code for Gestational Diabetes be assigned as the PDx?

A. The guidelines in ACS 0001 *Principal Diagnosis* apply to Obstetrics with the exception ACS 1530 *Premature delivery*. In this case the gestational diabetes is the reason for admission and will be assigned as the Pdx.

Q. Episode 1. A patient was admitted on 1st January at 31 weeks gestation with documentation of SROM (spontaneous rupture of membranes) and discharged on 2nd January (not in labour).

Episode 2. The same patient was readmitted to the hospital 3 days later on 5th January and delivered a live born on 5th January.

What code from O42 *Premature Rupture of Membranes* is assigned for the first episode and what codes are assigned for the 2nd episode?

A. Episode 1 – Assign O42.9 *Premature rupture of membranes, unspecified*. When coding an
episode of care the information from a future episode cannot be used. At the time of discharge this patient had an SROM but was not in labour so at that time it is not known when labour started.

Episode 2 – Assign O42.11 *Premature rupture of membranes, onset of labour between 1–7 days later*. Information from previous episodes can be used in subsequent episodes to assign the appropriate code. SROM was on Jan 1 and delivery on Jan 5 meets the criteria for assigning the time split of 1-7 days.

Q. Would you be able to provide a procedure code for insertion of a pelvic mesh as the patient is going onto to have a course of radiotherapy and is at risk of radiation colitis.

A. Please assign 32183-00 [925] *Intestinal sling procedure prior to radiotherapy.*

In the alphabetic index of procedures look up the main term Procedure:

> **Procedure,**
>> - Sling,
>>> - - Prior to radiotherapy

Q. Please advise on the codes to assign in the following case: A 75 year old patient was admitted electively with an ulcer on the lower leg– the record says this was "probably" due to an injury when the patient was 7 years old. The patient had follow up admissions for flap and debridement of the wound in another hospital and had follow on appointments.

A. As the documentation states that the ulcer was "probably" due to an injury in the past we suggest that the episode is coded as follows:

L97 *Ulcer lower limb, not otherwise specified*
T93.9 *Sequelae of unspecified injury of lower limb*
if information is available on the original injury assign a more specific code from T93.-

External cause code:
If there is no information on how the injury occurred originally assign Y87.2 *Sequelae of events of undetermined intent.* If information about the circumstances regarding how the original injury occurred is available a code from Y85 or Y86 may be more appropriate
PLUS
Y92.- *Place of occurrence* (of the original injury)

Q. Do we code intubation in neonates?

A. The coding of the intubation depends on the circumstances:

- If intubation is for nasogastric feeding refer to ACS 1615 *Specific Interventions for the Sick Neonate*
- If 'intubation without ventilation' see the section on this in ACS 1006 *Ventilatory Support*
- If the neonate is intubated and ventilated code to ventilation.

Cracking the Code

A selection of ICD-10-AM Queries

Q. How is a procedure described as a terminalisation coded? In this case the patient has an injury to the tip of a finger and the procedure is described as "terminalisation of tip of finger"

A. The NCCH have previously provided the following advice:

'The term 'terminalisation' incorporates quite a number of surgical procedures e.g. bone trimming, debridement, grafting, repair of nerves/tendons etc. Therefore to capture the complexity of this procedure it is important to code all components as performed'.

As there is no single code for terminalisation please review the op sheet to establish the procedures that were performed such as ostectomy. Please contact us regarding any queries on this type of procedure and provide full details of the procedure performed and documentation on the op sheet, remembering to remove any identifying information from the materials submitted.

Q. Are multiple CT scans of the same type and site coded once or are they coded each time they are performed?

A. The NCCH have issued the following advice in CMC Vol. 15 No. 3:

"The NCCH acknowledges the fact that the coding of multiple CT scans was not addressed in the revision of ACS 0020 for Sixth Edition. Therefore if a patient has multiple repetitions of a CT scan performed during an episode of care assign one code only."

Q. If a chart indicates that a patient has History of allergy to penicillin is this always coded?

A. Where a patient has a note on the chart to record a history of allergy to penicillin this is not routinely assigned Z88.0 *Personal history of allergy to penicillin.* In order to be coded as an additional diagnosis the condition must meet the criteria in ACS 0002 *Additional Diagnosis.*

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 8th April 2014	10:30am – 12:30pm
HIPE Portal Reporter Training [Part II]	Wednesday 9th April 2014	10:30 am – 12:00pm
Using Scripts & Extracts in the HIPE Portal Reporter [Part III]	Thursday 10th April 2014	10:30 am – 12:00pm

Blank Page

Upcoming Courses

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: Tuesday 20th May
Time: 10.30am – 1pm
Location: ESRI building & WebEx

Coding Skills I

This course is for new coders who have attended the Introduction to HIPE course.
Date: Tuesday 27th & Wednesday 28th May
Time: 10am – 5pm each day.
Location: ESRI building

Coding Skills II

This course is for new coders who have attended Coding Skills I
Date: Tuesday 24th to Thursday 26th June
Time: 10am – 5pm each day.
Location: ESRI building

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

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

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/

Anatomy & Physiology

Introduction to Anatomy & Physiology

This course is open to all HIPE coders.

This course will be delivered by a specialist speaker

Date: Thursday 22nd May
Time: 11am – 1pm
Location: ESRI building & WebEx

Data Quality Session

Date: Tuesday 29th April
Time: 11am – 1pm
Location: WebEx only

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

Coding Skills IV

One—Day Obstetrics Workshop

This course will provide new coders, and those who have no previous experience in coding Obstetrics, with an introduction to Obstetrics. Experienced coders who would like to refresh their skills in this area are welcome to participate also.

Date: Wednesday, 23rd April
Time: 10am – 4pm
Location: ESRI building & WebEx

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending."

Maria Robinson,
Writer.