Coding Notes

HIPE UNIT, ESRI

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The use of laboratory reports in coding

Laboratory reports are one of the many types of documents that are used while coding a chart to help in identifying a patient's diagnosis. Coders should not code from laboratory results alone, without physician interpretation. The pathologist is a physician and the pathology reports serve as the pathologist's interpretation of a microscopic confirmatory report. For example, in the case of a mass, this report may provide the morphology of the tissue excised. Therefore a pathology report can provide greater specificity.

The coder should never assign a code on the basis of an abnormal finding alone. To make a diagnosis on the basis of a single lab value or abnormal diagnostic finding carries the possibility of error. A value reported as either lower or higher than the normal range does not necessarily indicate a disorder. Many factors influence the values in a lab sample. For example a patient who is dehydrated may show an elevated haemoglobin due to increased viscosity of the blood. When findings are clearly outside the normal range and the physician has ordered other tests to evaluate the condition or has prescribed treatment without documenting an associated diagnosis, it is appropriate to ask the physician whether a diagnosis should be added or whether the abnormal finding should be listed in the diagnostic statement.

Only code what is documented in the chart. Never code on the basis of abnormal laboratory values alone. See Cracking the Code (p2) for some examples.

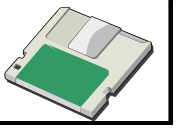
Sources: HIPE Basic Coding Manual, 2001.
AHA Coding Clinic 1Q 2000.
F Brown. *Coding Handbook* AHA, Chicago, 2000

Closure of 1997 & 1998 HIPE National File

Many HIPE Hospitals have received a phone call recently requesting exports of additional and corrected records for 1997 & 1998. Thank you for the extra effort in forwarding these export years to us. The records will be added to the National Files prior to the closure of the 1997 and 1998 national files on 30th June 2001.

The years open from 1st July 2001 will be 1999 – 2001 inclusive.

Anytime you wish to send additions or corrections for 1999 please include them in your monthly export by changing the default start year from 2000 to 1999. If you have any problems or questions regarding this or other issues related to your exports please contact Aisling Mulligan in the ESRI at extension 469.



Cracking the Code!

A selection of queries received in the HIPE unit recently

Question: A patient presents to the hospital for outpatient x-rays with a diagnosis on the physician's orders of questionable stone. The abdominal x-rays diagnosis per the radiologist is "bilateral nephrolithiasis with staghorn calculi". No other documentation is available. Is it correct to code this as 592.0, Calculus of kidney, based on the radiologist's diagnosis?

Answer: The radiologist is a physician and he or she diagnosed the nephrolithiasis. Therefore, it is appropriate to code this case as 592.0, Calculus of Kidney.

Question: Can an autopsy report be used in coding? Since the autopsy report is completed by the pathologist, would this be similar to using a pathology report as a microscopic confirmatory report when coding the postoperative diagnosis?

Answer: Yes, it is appropriate to consider the diagnostic statement on the autopsy report to provide greater detail or specificity. Coding is based on physician documentation. The pathologist is a physician. However, if there is conflicting information in the record, or if the autopsy report includes a condition not mentioned anywhere else on the record, query the attending physician for clarification and to determine whether the diagnosis should be included in the final diagnostic statement.

Question: A patient presents with a complaint of urinary frequency and burning. The physician ordered a urinalysis and the findings were positive for bacteria and increased WBCs in the urine. Based on these findings a urine culture was ordered and was positive for urinary tract infection. Should the lab report the "definitive diagnosis", urinary tract infection, or is it more appropriate for the lab to report the signs and symptoms?

Answer: Since the test does not have physician interpretation, it is appropriate to code the symptoms (i.e. urinary frequency and burning).

Sending Exports by E-mail - A reminder

If you have e-mail you can use it to send us your export every month. Standard procedures for coders need to be established in each hospital depending on the email configuration. The hospital administration will also need to give their agreement locally that the data can be sent using the Internet. Please contact Brian McCarthy if you are interested in sending your export this way.

HIPE Computer Backup Procedures

NOW is always a good time to review the HIPE Backup Procedures in your Hospital.

Routine HIPE backup ensures that there are complete and accurate copies of all the records keyed by the coders available in the event of your hardware developing a fault which leads to data loss.

Please refer to the enclosed document "Overview of Backups" and review your local backup procedures with the help of the questions listed on page 4.

You are welcome to contact Brian McCarthy, Shane McDermott, or Mark McKenna for any assistance you require in the process of the review (see page 4 for contact numbers).

Coding Corner

Thermal Uterine Balloon Ablation Therapy

Over the past few years, many techniques in gynecological surgery have been created to combat menorrhagia (Excessive menstrual bleeding - ICD-9-CM Code 626.2). Two previous procedures included uterine rollerball ablation and the laparoscopic supracervical hysterectomy; both performed to treat dysfunctional uterine bleeding or fibroids. The newest surgical advance, however, is thermal uterine balloon ablation, or uterine balloon therapy (UBT).

While the hysterectomy is the most common surgical treatment of menorrhagia, it is often accompanied by distressing physical and psychological side effects. UBT proves an alternative by reducing bleeding and premenstrual symptoms and lowering the incidence of anemia. UBT is used as a treatment for excessive menstrual bleeding due to benign causes in premenopausal women who have finished childbearing. The result is a reduced menstrual flow - in some cases women experienced spotting or no bleeding at all - and is less traumatic to the patient.

Procedure

The procedure employs three phases to destroy the endometrial lining of the uterus and promote tissue healing. The first phase is insertion and inflation, whereby a soft flexible balloon attached to a catheter is inserted vaginally, through the cervix, and placed into the uterus. The balloon is then inflated with sterile fluid until the pressure equals 160-180mm of mercury, or it expands to fit the size and shape of the uterus.

In the second phase, a heating element inside the balloon raises the temperature to 87 degrees Celsius (188 degrees Fahrenheit) where it is maintained for eight minutes. A controller monitors and displays the catheter pressure, regulates the fluid temperature, and controls therapy time. If preset parameters are exceeded, the heating element deactivates and the procedure is terminated.

In the final phase, the fluid is withdrawn, the balloon is deflated, and the catheter is removed and discarded. After the procedure, the patient experiences sloughing of the uterine lining (much like a period) for the next 7 - 10 days.

Coding

The ICD-9-CM procedure code for an endometrial ablation via hysterscopy is 68.23. There is an inclusion note that states the hysteroscopic endometrial ablation is included in code 68.23 (do not code 68.12 also).

Sources: AHIMA *Code Write* May/June 1999

F Brown. *Coding Handbook* AHA, Chicago, 2000

AHA *Coding Clinic*

Upcoming HIPE Courses

The next Basic Course is being held on 19th - 21st June. There is one place left if you need someone trained. We have reduced the numbers attending each Basic Course to make it more beneficial and so places are strictly limited.

Always let us know when you need a new coder trained and we will let you know when the next course is scheduled, usually about every 6-8 weeks.

We will hold a General Coding Workshop on 13th June for coders primarily in the Dublin Area. We will be covering some of issues raised from queries returned and also covering any coding topics raised in advance by those attending. Please let us know if you would be interested in attending this day here in the ESRI.

If you would like a similar Coding Workshop or other specialised workshop held in your area please let us know.

To contact the HIPE Unit….

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

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