

# Coding Notes



HIPE & NPRS Unit  
Health Research &  
Information Division

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## Portal Update

### Portal Phase 1

#### Roll Out

We would like to sincerely thank everyone involved for their cooperation in moving to the HIPE Portal. We have held several training sessions on the portal and the associated new reporter module and are happy to provide more as necessary. We will continue to develop the Portal to further meet system requirements. There are several projects currently being developed using the Portal to enhance data collection beyond HIPE.

### Portal Phase 2

#### Collect Once – Use Often

Many registers and databases exist in Irish hospitals collecting patient data in a wide range of specialties. Many of these databases duplicate the collection of data already available in HIPE which is potentially costly in resource terms. This can lead to duplication of effort and inefficient use of resources. The HIPE Portal software has the functionality to include additional screens to collect data that can be appended to an existing HIPE record.

Data are now being collected on additional screens for the following projects:

Portal >> Data Entry

MRN: 1231231 Sex: 1 Male F9 = Store  
Adm Date: 01 / 01 / 2011 Adm Type: 4 Emergency Adm Mode: 1 ED  
Dis Date: 10 / 01 / 2011 Adm Source: 1 Home  
DOB: 01 / 01 / 1980 Dis Code: 01 Home

Admin Hospital Diags Procs Other Optional Previous HIPE Data Ward Transfer File

Epilepsy HeartBeat Optional Orthopaedic Stroke / TIA

1. Working Diagnosis 2 Ischaemic Stroke (I63)  
2. Symptom onset date (onset of symptoms) 01 / 01 / 2011 dd mm yyyy  
3. Symptom onset time (onset of symptoms) 1030 hhmm  
4. Did the stroke or TIA occur while the patient was in hospital for treatment of another condition? 1 Yes  
5. Assessed by Acute Stroke Team? 2 No  
6. Brain CT or MRI performed? 1 Yes  
6A. If yes, First Brain Imaging date 01 / 01 / 2011 dd mm yyyy  
6B. If yes, First Brain Imaging time 1145 hhmm

- HIPE Portal / Stroke TIA (see screen shot above)
- HIPE Portal / HeartBeat
- HIPE Portal / Epilepsy
- HIPE Portal / Heart Failure

These projects represent an important recognition of the wealth of information available and the importance of the HIPE data collected. They are also an important collaboration with the relevant HSE clinical programmes.

Because of the web based technology used within the Portal there are now great opportunities opening up to use HIPE to make the system increasingly relevant for policy and planning purposes.

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**Thank you** to everyone for once again meeting the deadline for the end of September. We really appreciate the effort put into meeting these important milestones.



## Coding of Recalled Hip Implants

The HSE has provided the following background information on the recall of hip implants. *“This recall was carried out because an unusually high proportion of patients with these implants required a revision (a second hip replacement operation) following implant of this product. Information from the National Joint Registry in England and Wales indicates that rates of revision surgery within 5 years after use of either of these products in hip surgery were higher than acceptable: 12% for ASR Hip Resurfacing System and 13% for ASR XL Acetabular System. These compare to revision rates of between 3 and 6%, which were previously recorded”* (Source: <http://www.hse.ie/eng/services/newscentre/depuyl/> accessed on 24/10/2011)

Working with the codes provided in the ICD-10-AM/ACHI/ACS classification we can record complications of internal prosthetic devices and the codes available include;

- T84.0** *Mechanical complication of internal joint prosthesis*
- T84.5** *Infection and inflammatory reaction due to internal joint prosthesis*
- T84.8** *Other complications of internal orthopaedic prosthetic devices, implants and grafts*
- T84.9** *Unspecified complication of internal orthopaedic prosthetic device, implant and graft*

Additional codes will be assigned to identify any particular complication such as infection or pain in joint. Also please note that, where required, more than one of the above codes may be recorded for a case (see Scenario 4 below). Also, please refer to Australian Coding Standard (ACS) 1904 *Procedural complications* for guidance.

### **ACS 1904 Procedural complications** states;

If it cannot be determined whether a condition meets the definition of a procedural complication, it should not be coded as such. In these cases, assign a code(s) for the condition in accordance with ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses* (see Scenario 1 below).

For patients admitted with pain that is not specified as being due to either the prosthesis or the condition, ACS 1904 provides the following guidance;

### **Readmission for treatment of procedural/postprocedural complications**

If documentation does not state that the condition arose as a complication of the initial surgery, only the condition is coded.

### **CLASSIFICATION NOTE:**

1. Where documentation clearly states that the condition arose as a complication of the initial surgery the condition should be coded as a procedural/post procedural complication.
2. Where the device is a **recalled** device, code as a **mechanical complication**.

# Coding of Recalled Hip Implants



External cause codes are assigned as per guidance in ACS 1904 *Procedural complications*.

Details regarding the name of the recalled device can be entered for local use in the additional information screen. As always, the information provided by the clinician in the chart is to be followed.

1. Patient with pain in hip admitted for removal of recalled hip implant. Chart does not specify if pain is due to implant or osteoarthritis.

**PDx: M25.5 Pain in joint- hip**

ADx Osteoarthritis (e.g.M19.0x)

**T84.0 Mechanical complication of internal joint prosthesis**

Y83.1 Surgical operation with implant of artificial internal device

Y92.22 Health service area

2. Patient with pain in hip due to hip implant – implant is a recalled implant. Patient has osteoarthritis.

**PDx: M96.8 Other postprocedural musculoskeletal disorders**

ADx M25.5 Pain in joint- hip

ADx **T84.0 Mechanical complication of internal joint prosthesis**

ADx Y83.1 Surgical operation with implant of artificial internal device

ADx Y92.22 Health service area

ADx Osteoarthritis (e.g. M19.0x)

3. Patients *without a related condition* admitted for removal or replacement of a recalled hip implant

**PDx: T84.0 Mechanical complication of internal joint prosthesis**

ADx Y83.1 Surgical operation with implant of artificial internal device

ADx Y92.22 Health service area

4. Patients with another complication that have a removal of a recalled hip implant  
Code out the complication and also include a code for the mechanical complication  
**e.g. bone infection of femur due to a recalled hip implant**

**PDx: T84.5 Infection and inflammatory reaction due to internal joint prosthesis**

ADx: M86.95 Osteomyelitis, unspecified, pelvic region and thigh

ADx: T84.0 Mechanical complication of internal joint prosthesis

Y83.1 Surgical operation with implant of artificial internal device

Y92.22 Health service area



# DATA QUALITY – focus on Edits and Checks

## Uses of HIPE data

As you know, HIPE is a very rich data source covering inpatient and day case activity in our public hospitals. Uses of HIPE are increasing from many different perspectives, including administrative, financial and clinical. A recent example of use of HIPE data is the ongoing investigation into increased incidence of narcolepsy. Increasing use means increasing importance of the quality of HIPE data.

**Accuracy:** Does HIPE accurately reflect the patient medical record?

**Consistency:** Are coding standards being applied consistently within and across hospitals?

**Timeliness:** Are we getting data coded within a reasonable time period?

To ensure HIPE data are reliable and credible we perform a full suite of data quality activities.

Key data quality tools available are **HIPE edits** and other data quality checks using the **Checker Tool**.

**1. HIPE edits** run when a case is saved. Please use the edits fully, make sure you understand the question being asked and respond appropriately.

Always watch out for edits, they are there to help with coding and coding quality. They prevent inclusion of incorrect data on the hospital and national file. Some recent examples were of rare diseases incorrectly on the national file because edits were overridden.

**2. The Checker software tool** contains data quality checks that are run across cases at hospital and at ESRI level across hospitals. HIPE staff have access to run data through the **Checker tool**.

Improving the edits and checks is ongoing, we are continually working to make them more effective and we welcome any suggestions you have for new or refined checks.

## Upcoming

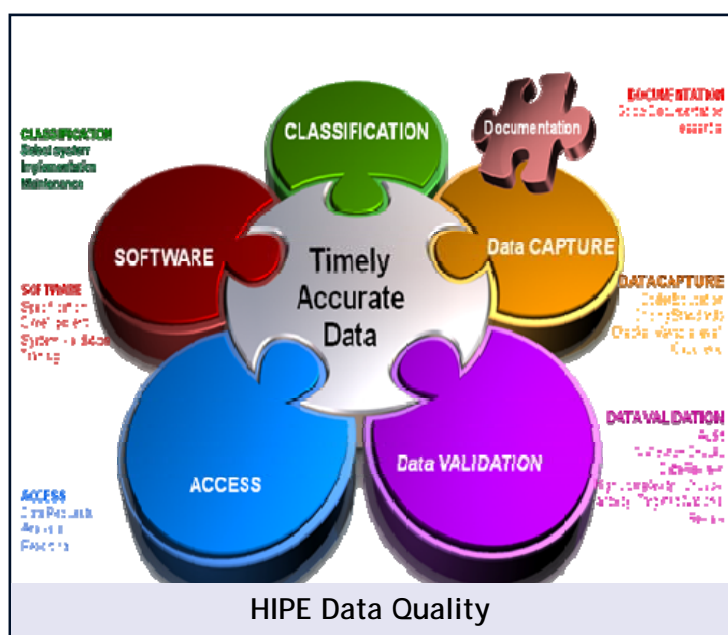
We will run the **Checker software tool** on the national file and issue queries over the coming weeks. The local **Checker tool** can be used to anticipate these queries. A new Portal version of the **Checker tool** is in the final testing stage and will be rolled out shortly.

Similarly, a Portal version of **HCAAT**, the HIPE Coding Audit Toolkit is in development. The older versions of both HCAAT and the **Checker tool** can be used with data coded through the portal.

Training in the use of these tools can be arranged by contacting [HIPETraining@esri.ie](mailto:HIPETraining@esri.ie).

Thank you for your continued efforts on HIPE ensuring that HIPE is a reliable source.

**See Page 8 for details of a Data Quality Education WebEx session on 10th November.**





## Table of Neoplasms—Notes



Do you know what # means when you see it in the Table of Neoplasms? How about this <> ?



# and " (<> in eBook) are attached to certain terms in the list of sites under 'Neoplasm' to refer the coder to Notes 3 and 4 which are located at the start of the Table of Neoplasms.



### Note 3:

Sites marked with a # (e.g. face NEC) should be classified to malignant neoplasm of skin of these sites if the variety of neoplasm is a squamous cell carcinoma or an epidermoid carcinoma, and to benign neoplasm of skin of these sites if the variety of neoplasm is a papilloma (any type).

**Example:** Papilloma of back.

1. Look up: Papilloma - see also *Neoplasm, benign*
2. Look up: Neoplasm, back NEC # - refer to Note 3 (see above)
3. Look up: Neoplasm, skin, back, benign - D23.5
4. Assign D23.5 *Other benign neoplasm, skin*

### Note 4:

Carcinoma and adenocarcinomas, of any type other than intraosseous or odontogenic, of sites marked with the sign " (<> in eBook) should be considered as metastatic from an unspecified primary site and coded to C79.5.

**Example:** Carcinoma of rib

1. Look up: Carcinoma - *see also neoplasm, malignant*
2. Look up: Neoplasm, rib " - refer to Note 4 (see above), select a code for secondary neoplasm
3. Assign C79.5 *Secondary malignant neoplasm of bone and bone marrow*
4. Assign an additional diagnosis for the primary

Please refer to the notes at the beginning of the Table of Neoplasms for further information.

## Gastroenteritis—6th Edition changes

The guidelines for classifying Gastroenteritis **changed** in 6<sup>th</sup> edition. In 4<sup>th</sup> Edition ACS 1120 *Gastroenteritis* guided coders on how to code gastroenteritis when there was no documentation of "infectious" or "non-infectious". The age of the patient impacted on the code. However WHO changed the index default for gastroenteritis and took away any presumption of infectious/noninfectious origin.

In 6<sup>th</sup> Edition gastroenteritis is coded as follows;

If 'Gastroenteritis' is documented without further specificity, the default code is A09.9

If 'Gastroenteritis and infectious' or 'infective gastroenteritis' is documented, assign A09.0

If 'Gastroenteritis, non-infectious' is documented assign K52.8 or K52.9 depending on the documentation.

Coders must be guided by the documentation in the medical record and follow the alphabetic index.

### Index look-up

Gastroenteritis (acute) (*see also Enteritis*) A09.9

-infectious (*see also Enteritis, infectious*) A09.0

-noninfectious K52.9

-- specified NEC K52.8





# Cracking the Code

## A Selection of ICD-10-AM 6th Edition Queries

### Haemorrhoidopexy

#### **Q. What is the procedure code for a haemorrhoidopexy procedure?**

**A.** This procedure is coded as a stapled haemorrhoidectomy [941] 32138-02 *Stapled haemorrhoidectomy*.

### Exchange of implants and capsulectomies

#### **Q. A patient came in for bilateral exchange of silicone implants and capsulectomies. The clinician has confirmed that both the removed and new are silicone. Which codes from block [1758] are used?**

**A.** For this case the correct code assignment is:

45552-00 [1758] *Removal of breast prosthesis with complete excision of fibrous capsule and replacement of prosthesis X 2*

The 'excludes note' should only be followed in cases where the removal of the silicone prosthesis is replaced by another type of prosthesis i.e. not a silicone one. In the case cited the removal and replacement is the same type (i.e. silicone) so 45552-00 is the correct code as the prosthesis that is removed is replaced with the same type.

### Follow Up or current Injury

#### **Q. Patient treated for an injury in Hospital A for 10 days, then transferred to Hospital B for a skin graft. In Hospital B is this coded as follow up or current injury?**

**A.** Hospital B will assign a code for a current injury as the principal diagnosis as the patient is still receiving ongoing treatment. Please refer to ACS 1906 *Current and old injuries* which provides the following definition for a current injury;

*Current injury – an injury for which repair is proceeding or has yet to be completed. The principal diagnosis should remain as the injury code on initial and subsequent treatment of the current injury.*

Hospital B will also assign external cause codes for

the injury as appropriate.

### Tightrope stabilisation of ankle

#### **Q. Is [1542] 49709-00 *Stabilisation of ankle* the correct procedure code for Tightrope stabilisation of ankle?**

**A.** We suggest using two codes for the Tightrope procedure:

[1542] 49709-00 *Stabilisation of ankle* as suggested

*And also*

[1554] 47921-00 *Insertion of internal fixation device, not elsewhere classified*

This extra code is needed to record the insertion of a device – (Tight Rope® is a device inserted to stabilise the ankle) as stabilisations usually involve procedures on the patients ligaments and tendons without insertion of devices.

### Histology following TAH & BSO

#### **Q. A patient comes in to hospital for a Total Abdominal Hysterectomy (TAH) and a Bilateral salpingoophorectomy (BSO) because she had been for a colposcopy and the result from that was cervical intraepithelial neoplasia III (CIN III) but the histology from this hysterectomy comes back clear. What is the Principal Diagnosis?**

**A.** Following the advice in ACS 0236 *Neoplasms* and also looking at the advice in ACS 0219 *Mastectomy for malignancy found on biopsy* we would advise that the diagnosis of CIN III from the D06 *Carcinoma in situ cervix uteri* code range be assigned.

While the neoplasm was not found on this histology, it is the reason for admission and ACS 0236 includes the following guidance on when to code the primary malignancy:

The primary malignancy should be coded as a current condition if the episode of care is for:

# Cracking the Code

## A Selection of ICD-10-AM 6th Edition Queries



Diagnosis or treatment of the primary malignancy, in any of the following circumstances:

- initial diagnosis of the primary malignancy
- treatment of complications of the malignancy
- operative intervention to remove the malignancy

Treatment aimed at stopping the cancer progression, such as:

- subsequent admissions for wider excision (even if there is no residual malignancy on histopathology)

### Mantoux test

**Q. What is the procedure code for Mantoux test to identify if a patient has TB?**

**A.** Assign Z11.1 *Special screening examination for respiratory tuberculosis* if the patient does not have TB. If patients do have TB then the condition will be coded. There is no ACHI code for Mantoux test as this procedure is not coded.

### Tubal Occlusion

**Q. Patient (gynae) was admitted with infertility, adhesions and hydrosalpinx. She was brought to theatre for right tube clip occlusion and adhesiolysis by laparoscopy under general anaesthetic. The patient is being prepared for IVF treatment so what code is used for the procedure as it's not a sterilization as per block [1257]?**

**A.** If the adhesiolysis was on the fallopian tubes we suggest assigning 35694-02 [1249] *Laparoscopic salpingolysis*.

For the occlusion, in the index (for sterilisation) is a nonessential modifier, so the code [1257]35688-00 *Laparoscopic* is the correct code to use. Although the code title is 'laparoscopic sterilisation', occlusion of fallopian tube is included in this code.

### Parity

**Q. Does parity include miscarriages?**

**A.** No – parity only includes the number of previous livebirths and stillbirths. Please refer to the patient's Obstetric history to get this information as sometimes parity in the electronic discharge summary will include miscarriages.

### Lymphocytic Colitis

**Q. Please advise regarding a code for Lymphocytic colitis?**

**A.** Assign K52.8 *Other specified noninfective gastroenteritis and colitis*.

Lymphocytic Colitis has been indexed to this code by the WHO Update Reference Committee.

Do you have a coding query? Please email your query to:  
[hipecodingquery@esri.ie](mailto:hipecodingquery@esri.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.

This is available at:  
[www.esri.ie/health\\_information/hipe/clinical\\_coding/help\\_forms/](http://www.esri.ie/health_information/hipe/clinical_coding/help_forms/)

# Upcoming Courses

This symbol indicates training is delivered via WebEx.



## Regional Clinical Coding Workshop - Cork

Date: Wednesday 7<sup>th</sup> December. Time: 10.00am – 4.00pm Venue: Centre of Nurse Education, 34 Henry Street, Cork

### Coding Skills IV Workshops

Z-codes (held over 2 sessions)

Date: Tuesday 8<sup>th</sup> November & Wednesday 9<sup>th</sup> November

Time 11.00am – 1.00pm (both days)

Mode of Delivery: via WebEx



### Anatomy & Physiology of the Cardiovascular system

This course will be delivered by a specialist speaker

Date: Wednesday 23<sup>rd</sup> November

Time: 10.00am – 12.00pm

Mode of Delivery: via WebEx



### Data Quality

Date: Thursday 10<sup>th</sup> November

Time: 11.00am – 1.00pm

Mode of Delivery: via WebEx



### Cardiovascular

Date: Wednesday 23<sup>rd</sup> November

Time: 2.00pm – 4.00pm

Mode of Delivery: via WebEx



### Anatomy & Physiology of the Nervous System

This course will be delivered by a specialist speaker

Date: Tuesday 22<sup>nd</sup> November

Time: 10.00am – 12.00pm



### Diabetes

Date: Thursday 24<sup>th</sup> November

Time: 11.00am – 1.00pm

Mode of Delivery: via WebEx



### Pain Management

Date: Tuesday 22<sup>nd</sup> November

Time: 2.00pm – 4.00pm

Mode of Delivery: via WebEx



### Obstetrics

Date: Thursday 24<sup>th</sup> November

Time: 2.00pm – 4.00pm

Mode of Delivery: via WebEx



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

You can apply for these courses online at:  
[www.esri.ie/health\\_information/clinical\\_coding/training/](http://www.esri.ie/health_information/clinical_coding/training/)

**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@esri.ie](mailto:hipecodingquery@esri.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@esri.ie](mailto:hipe@esri.ie)

See the 'Find it Fast' section of the ESRI website for easy access.

[www.esri.ie/health\\_information/find\\_it\\_fast/](http://www.esri.ie/health_information/find_it_fast/)

### Thought of the month

"Do your little bit of good where you are; it's those little bits of good put together that overwhelm the world."

Desmond Tutu, Activist and Christian