Coding Notes

Issue 6   **October 1999**

Social V-codes
– Persons encountering health services in other circumstances.

As the seasons change some episodes of care may need the addition of social V-codes to explain reasons for care or extended length of stay. While these codes will not be used as principal diagnoses, social V-codes give additional information about the patient. The following are some of the most commonly used social V-codes.

- ◆ V60.3 Person living alone
- ◆ V60.4 No other household member able to render care
- ◆ V60.5 Holiday relief care
- ◆ V61.0 Family disruption
- ◆ V61.21 Counselling for victim of child abuse
- ◆ V61.41 Alcoholism in family
- ◆ V63.0 Residence remote from hospital or other health care facility
- ◆ V63.2 Person awaiting admission to adequate facility elsewhere

Please assign these social V-codes when they provide further information on a patient's episode of care and fit the criteria for a secondary diagnosis. These secondary or 'other' diagnoses can be interpreted as additional conditions that affect patient care in terms of requiring clinical evaluation or therapeutic treatment or diagnostic procedures; extended length of stay; increased nursing care and/or monitoring.

Cracking the Code!

A selection of queries received in the HIPE unit recently:

Question: What code would you use for Ciliary Dyskinesia?
Primary Ciliary Dyskinesia, a rare inheritable condition, (previously also called Immotile Cilia Syndrome) is often associated with Kartagener Syndrome. However it also occurs independently. The condition causes a susceptibility to infection in the ears, sinuses and lungs.

Answer: Assign code 759.3 (Other and unspecified congenital anomalies, Situs Inversus).

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Question: A patient was admitted to hospital with cervical pregnancy. A total abdominal hysterectomy was performed. What diagnosis and procedure codes would you use?

Answer: Assign code 633.8 (Other Ectopic Pregnancy) as principal diagnosis.
Assign procedure code 74.3 (Removal of extratubal ectopic pregnancy) & 68.4 (Total abdominal hysterectomy).

Question: A patient was admitted to hospital for removal of both ovaries because of a strong family history of breast cancer. What codes would be assigned?

Answer: Assign diagnosis codes V50.42 (Prophylactic organ removal, other) & V16.3 (Family history of malignant neoplasm, Breast). Assign procedure code 65.5+ (Bilateral Oophorectomy)

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Coding Corner
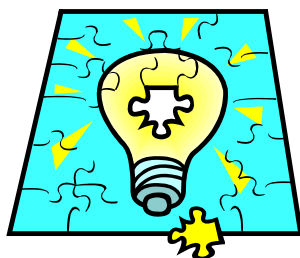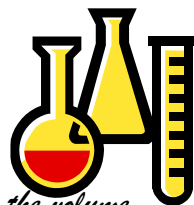
ANAEMIA

Anaemia refers to either a reduction in the quantity of haemoglobin or a reduction in the volume of packed red cells, a condition which occurs whenever the equilibrium between red cell loss and red cell production is disturbed. A decrease in production can result from a variety of causes, including ageing, bleeding and cell destruction.

The use of precise terminology is important in classifying anemias. When a diagnostic statement of anaemia is not qualified in any way, the coder should review the medical record to determine whether more information can be located in laboratory or pathology reports or in a haematology consultation before the code for an unspecified type of anaemia is assigned. Remember, however, a code would not be assigned on the basis of diagnostic report alone; when it appears that a more specific type of anaemia is present, the coder should check with the physician for concurrence.

(Ref. Faye Brown ICD-9-CM Coding Handbook 1999 Revised Edition. AHA Press, Chicago)

We are holding a half day workshop on Blood Disorders on Friday, 12th November, see p. 4 for details.
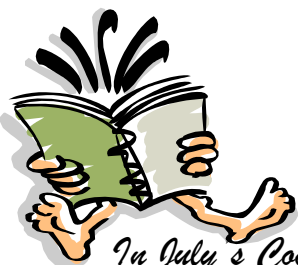
Coder productivity study

In July's Coding Notes we included an optional questionnaire regarding coder output and productivity. We are planning a report on the changing face of coding and the extra demands placed on coders in recent years. Thank you to everyone who took the time to send back the questionnaires. The response rate thus far is, however, below expectation and in the interests of representing the views of all coders, we would urge those of you who have not returned the questionnaire to do so as soon as possible

Competition Result:

Many of you who entered the recent competition said you loved coding because it was challenging and rewarding although someone did say they loved it because their 'boss said so!'. The prize goes to:

BERNIE ASHE in Longford-Westmeath General Hospital who wrote:

'I love coding because I appreciate how lucky I am not to be a number in a hospital'.

Congratulations Bernie and your book token is winging its way to Mullingar.

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Upcoming H.I.P.E. courses

Basic Coding Course

The next Basic Coding Course will be held in November in the E.S.R.I. :

A.   **Basic** Coding Course ….9th, 10th and 11th November 1999.

Upcoming Workshops

We are holding two specialised half day workshops on Friday 12th November.

B.   **Blood Disorders** .. Friday 12th 10.00am -1.00am

C.   **Renal Disease**…... Friday 12th 1.30pm - 4.30pm

The numbers at these courses will be *strictly limited* to coders dealing specifically with these specialities.

Please contact Marie Glynn (01-6671525 Ext. 467) <u>immediately</u> for an application form if you are interested in attending any of the above three courses.

Many thanks to all of you who took the time to fill out the recent software survey. The information is being analysed and will be incorporated if possible into the new WHIPE (Windows HIPE) software

If you have any ideas for future topics for Coding Notes please let us know. We would be happy to receive articles from coders on any aspect of their job for inclusion in the Christmas edition. Thanks and keep in touch.

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