Coding Notes

HIPE UNIT, ESRI

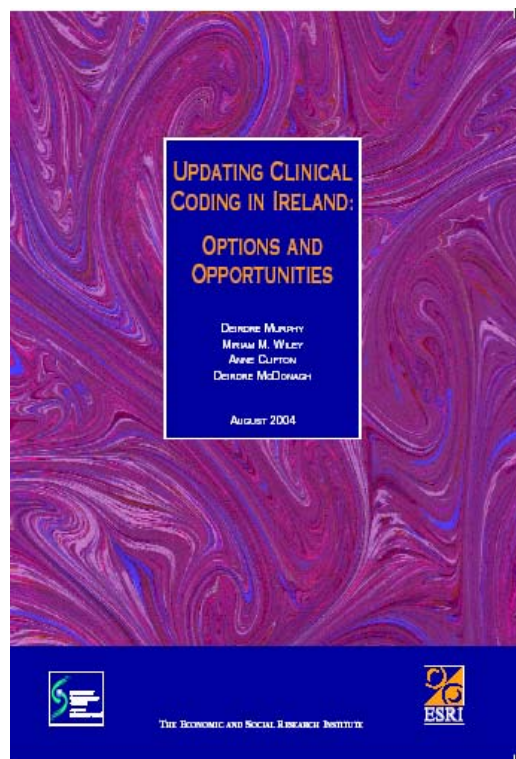**Issue 26** **October 2004**

Updating Clinical Coding in Ireland: Options and Opportunities

The publication **Updating Clinical Coding in Ireland: Options and Opportunities** has been distributed to all coders, HCCs, clinicians and other HIPE users. It gives the background to the decision to move to ICD-10-AM. If you have not received a copy of this publication please contact the HIPE&NPRS Unit in the ESRI. It is also available for download from the ESRI website at www.esri.ie

UPDATING CLINICAL CODING IN IRELAND:

OPTIONS AND OPPORTUNITIES

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THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE

Training for ICD-10-AM

If you have not scheduled to attend a Phase 1 workshop this year and intend coding in ICD-10-AM with HIPE next year please contact us immediately.

The "Update to Ten" is well underway with over half the coders in the country having attended the Phase 1 introductory workshops so far. The response has been great with positive feedback and everyone keen to get coding with ICD-10-AM next year. These initial workshops will be followed up in January 2005 with Phase 2 update courses to be facilitated by two trainers from the National Centre for Classification in Health (NCCH), Sydney in Australia. You must have attended a Phase 1 workshop before you can attend the courses in January. The dates for the January courses are now available and we will begin to take bookings shortly. There are 4 courses – 2 in Dublin, 1 in Cork and 1 in Galway. Each course is for 2 days. Every coder and HCC will need to attend these courses.

| **January ICD-10-AM course dates**		
1	**Dublin**	Monday 17th & Tuesday 18th January 2005
2	**Dublin**	Thursday 20th & Friday 21st January 2005
3	**Cork**	Monday 24th & Tuesday 25th January 2005
4	**Galway**	Thursday 27th & Friday 28th January 2005

Cracking the Code!

A selection of queries received recently in the HIPE unit

Q. A patient was admitted to the hospital with a vasovagal episode due to excessive use of her GTN spray (glycerol trinitrate). What codes will we assign for this case?

A. As this is improper use the principal diagnosis will be poisoning by glycerol trinitrate code 972.4, followed by 780.2 for the vasovagal episode. Code also E858.3 (accidental poisoning by agents primarily affecting cardiovascular system)

Q. Patient with severe osteoporosis was admitted to our hospital following a pathological fracture of the sternum which occurred while the patient was turning in bed at home. How will I code this and what E-code will I use for turning in bed?

A. A pathological fracture of the sternum is coded to 733.19 (pathological fracture of other specified site). As the tabular index states this code excludes traumatic fractures, no E-code is required as this is not a traumatic fracture. Also assign a code for the osteoporosis.

Q. How will I code a newborn baby admitted having developed an intra-ventricular haemorrhage (IVH) and subsequent hydrocephalus?

A. From Chapter 15 – Certain Conditions Originating In The Perinatal Period assign code 772.1 intra-ventricular haemorrhage as the principal diagnosis. Also assign code 331.4 obstructive hydrocephalus, which includes acquired hydrocephalus.

The HIPE Hospital Library

It is important to keep references to previous classifications, instruction manuals, training manuals, coding notes and all other materials related to the work of the HIPE Unit within the hospital.
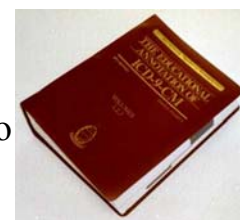
ICD-9-CM coding books

With ICD-10-AM all coders and HCCs will receive this new classification. Please keep the ICD-9-CM coding books as they are an important archive and will be needed for such applications as:

⚜ Coding past years as appropriate. ICD-9-CM books will be used as long as discharges prior to 1.1.05 are being coded.

⚜ When running reports on previous years – reports will be run against the codes in use for the years being reported on.

⚜ The medical annotations in the ICD-9-CM coding books are a useful resource.

Always keep at least one copy of previous editions of clinical coding books even if you no longer need to code from them.

Instruction Manuals

It is also important to keep an archive of each year's Instruction Manual as HIPE variables can change across years. Again it is important to be aware of the variables in use in the appropriate years when running reports.
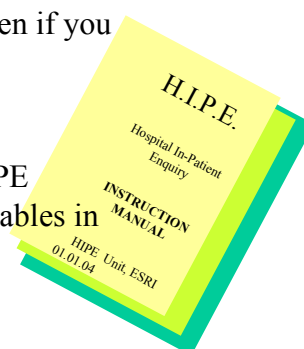
Changes to W-HIPE Variables 2005
Day Ward / Day Place Identifier

From the 01/01/2005 a day ward/day place will be collected for all day cases which are admitted to a dedicated named day case ward/ place. This ward must be agreed with the DOH&C. The flow chart *(fig.1)* illustrates when a day case ward/place will need to be entered. Please note the following points in relation to this new field

- Each Day Ward / Day Place must be agreed with the Department of Health and Children.

- For those hospitals that are already collecting ward information, the codes used will be the existing ward codes.

- Hospitals that are currently not collecting ward information will need to contact the HIPE Unit to enable them to collect this new field.

- The day ward/day place indicator will use the same codes as the admitting and discharge ward (for hospitals collecting this data), it is completely separate to those fields and does not interfere with the collection of those fields.

- A ward indicator code consists of up to 6 alphanumeric characters.

(Ref: Brian McCarthy 16.8.04 -Letter to all hospital IT Departments)

Please contact the IT department in the HIPE&NPRS Unit if you have any questions.
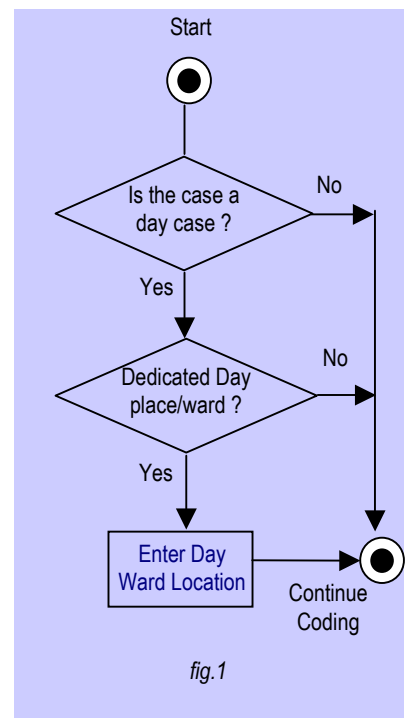
2002 HIPE National File

When providing statistics on rare conditions or procedures every record is significant and we urge all hospitals to strive for 100% coverage of In-Patient and Day Case activity so that HIPE data can be used with confidence for a wide range of reporting applications.

We plan to close the 2002 HIPE National File following the February 2005 export. Please continue to forward corrections and additional records for 2002 until this time to ensure that the HIPE National file for 2002 is complete and accurate.

To include 2002 records in a monthly export you will need to change the default start year to 2002.

We will be contacting those HIPE Hospitals early next year with any outstanding 2002 records to ensure that these are added to the HIPE National file prior to closure.

Taste of Ten – **Clinical Coders' Creed**

Many Australian Coding Standards (ACS) refer to the **Clinical Coders' Creed**. This is in **Appendix D** of the **ACS** (Volume 5 of ICD-10-AM). This creed informs coders on particular issues central to the clinical coding profession. This will be discussed by the NCCH trainers at the January 2005 courses.

Appendix D   **Clinical Coders' Creed**

Although new codes are introduced regularly, on the whole the ICD-10-AM classification structure remains constant over time. Codes and coding standards need to change to try and keep pace with medicine, but ultimately, clinical coders will often need to make decisions which are based on their **experience and common sense** as well as the resources available to them.

When you look at what clinical coders do objectively, they assign numbers from a structured, classification system to complex, ever-changing medical concepts which are not documented in a standardised way – no wonder it can be difficult! To revisit the fundamental skills of the clinical coder:

• A clinical coder has a thorough, working knowledge of medical science and terminology.

• A clinical coder can read the clinical record and make decisions about the appropriate codes to assign, based on the clinical documentation.

• A clinical coder understands the structure and use of a statistical classification.

The important features of these three points are **medical science, make decisions** and **structure**.

•   Medical science is complex and forever changing.

•   Decision-making is subjective.

•   Structure of the classification is static.

The point is, no matter how much one might hope there will be hard and fast rules to solve all our coding problems, it remains that no amount of rules will ever replace the educated judgments that clinical coders make about specific cases based on the...

Clinical Coders' Creed

These things are the fundamentals of the art and science of clinical coding:

Clinical documentation

Communication with clinicians

Coding standards

Conventions

Classification experience

Common sense

s**C**ience of medicine

All this serves to highlight the considerable and often forgotten skills of clinical coders.

Decisions in coding based on **Sailing the Seven Cs with the Clinical Coders' Creed** will ensure assignment of a code that is as good as possible – the work of a competent clinical coder.

Procedures Distinguished on the Basis of Size, Time or Number of Lesions

Certain procedures in ICD-10-AM are distinguished on the basis of size, time or the number of lesions removed.

EXAMPLE 1:

45506-00 [1657]	*Revision of scar of face ≤ 3 cms in length*
45512-00 [1657]	*Revision of scar of face > 3 cms in length*
13020-00 [1888]	*Hyperbaric oxygen therapy, > 90 minutes and ≤ 3 hours*
13025-00 [1888]	*Hyperbaric oxygen therapy, > 3 hours*
32078-00 [910]	*Rigid sigmoidoscopy with polypectomy involving removal ≤ 9 polyps*
32081-00 [910]	*Rigid sigmoidoscopy with polypectomy involving removal 10 polyps*

Generally, the Index of Procedures will be a guide, with a default code listed to enable assignment of a code in instances where no documentation is recorded regarding size or duration of procedure.

EXAMPLE 2:

Revision

- scar (skin) (subcutaneous tissue)

- - face (≤ 3 cms in length) 45506-00 [1657]

- - - > 3 cms in length 45512-00 [1657]

Therapy

- hyperbaric oxygen (≤ 90 mins) (HBO) 96191-00 [1888]

- - > 3 hours 13025-00 [1888]

*Where there is no **documentation** in the clinical record, **no further information** can be obtained from the clinician and there is **no default** in the index, assign the code for the smallest size, the least duration or the least number of lesions as appropriate.*

EXAMPLE 3:

Procedure: Resection of carotid body tumour

Resection

- tumour

- - carotid artery (carotid body) (with repair of carotid artery)

- - - ≤ 4cm diameter 34148-00 [705]

- - - - recurrent 34154-00 [706]

- - - > 4cm diameter 34151-00 [705]

- - - - recurrent 34154-00 [706]

Assign code: 34148-00 [705] *Resection of lesion of carotid artery ≤ 4 cm in diameter*

Extracted from NCCH ICD-10-AM, July 2004, General Standards for Procedures.

Training courses

ICD-10-AM

Training for ICD-10-AM is being undertaken in 2 phases. Phase 1 is an introductory two-day course. These courses are currently underway and continue through to December 2004. These are intended for all coders and HCCs in preparation for Phase 2 of the training. These courses give a foundation in ICD-10-AM, introducing the classification and the standards associated with it. These courses are therefore essential for personnel who intend to code using ICD-10-AM and who will also attend the January Phase 2 courses and ICD-10-AM training thereafter.

If you have not scheduled to attend a Phase 1 workshop this year and intend coding in ICD-10-AM with HIPE next year please contact us immediately.

Phase 2 will involve 2 members of NCCH travelling to Ireland and holding the two day update workshops in January 2005 (see page 1 for dates).These courses will be for all those who attended an introductory course in Phase 1. Further training in the use of the ebook will be incorporated into this two day course.

ICD-10-AM Training

- Basic training in ICD-10-AM for new coders will commence in February 2005.
- Training courses in ICD-10-AM for coders at all levels will be held throughout 2005.

ICD-9-CM Training

Basic training in ICD-9-CM will continue with one further course this year.

As always, if you have any coders requiring **Basic Training** contact Marie Glynn.

If you have any ideas for future topics for Coding Notes please let us know.

Thanks and keep in touch.

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