Coding Notes

Coding at Halloween—Fireworks and Burns.

Happy Halloween to all Coding Notes readers! This time of year brings some different coding challenges to HIPE. We've had a look through the 2011 files to see what happens around this time that could be associated with Halloween. Firework accidents seem to peak in October/ November with the average age being around 15 years old for those injured. The ICD-10-AM code W39 is the external cause code to identify 'Discharge of Firework' as the cause of an injury.

Distribution of Discharges with W39- Discharge of Firework
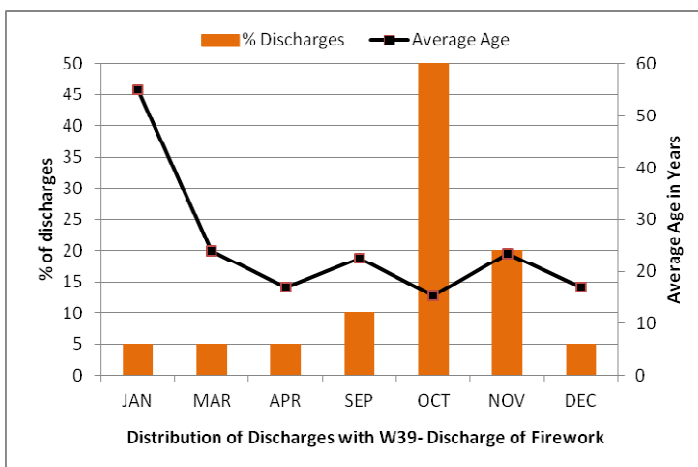
Burns

Burns (T20—30) will often be associated with firework accidents. Remember to use a code from T31, *Burns classified according to extent of body surface involved* in association with the burn codes. ACS 1911 *Burns* provides useful information on the assignment of these codes.

ICD-10-AM terminology relates to 'thickness' of the burn, that is partial or full. Always sequence the most severe burn site first. For example, a full thickness burn would be sequenced before a partial thickness burn.

Even if the partial thickness burn accounts for the greatest body surface area (BSA), the full thickness burn should still be sequenced first. If multiple burns of the same thickness exist, then the site accounting for the greatest BSA should be sequenced first. Burns requiring grafting should be sequenced ahead of those not requiring grafting.

Body surface area (BSA) Each burn case assigned a code from T20–T25 *Burns of external body surface, specified by site* or T29 *Burns of multiple body regions* (i.e. excluding eye and internal organs) should have a code from category T31 *Burns classified according to extent of body surface involved* assigned to indicate the percentage of body surface area (BSA) involved. It will usually be sequenced after the last site code. The code T31 *Burns classified according to extent of body surface involved* must always have five characters. The fifth character of '0' indicates that there is less than 10% full thickness burn or where the full thickness component is unspecified. The fourth character is the total of all the individual areas percentage of body surface. The BSA information should be provided by the clinical staff in the burns chart.

Enjoy the festivities and stay safe. Happy Halloween!

Backups on the HIPE portal

The HRID has recently conducted an audit of backups in each of the HIPE hospitals and the good news is that the backup systems are all setup and operating well. This is important as there have been a number of instances where the backup has been needed and we have been able to successfully restore the HIPE portal.

One of the many advantages of the HIPE Portal is the enhanced backup system associated with Microsoft SQL Server which allows for the creation of the backup while the databases are in use. Coders can now rely on the IT systems to create backups for them in the background and this means that most backups are now automatically created each day, typically in the evening. The HIPE Portal backup files are added to the other routine backups in the hospital and become part of the organisation's overall backup. This is good news as coders no longer need to be concerned about creating the backups and, hopefully, never need to deal with box loads of floppy disks.

While backups are automated, it is possible to initiate a backup from within the HIPE portal. If a hospital needs to do this, they should call HIPE IT to discuss the process. The backup is setup and created in the *Portal Config* screen. Before a backup is created, it is necessary to set a setting called "BACKUP_TO" and specify the folder on the HIPE Portal server where the backup will be created. Once this is done, simply click on "Backup Now" (see screen below). Depending on the size of the file and how busy the server is, the backup will take between 10 to 20 minutes.
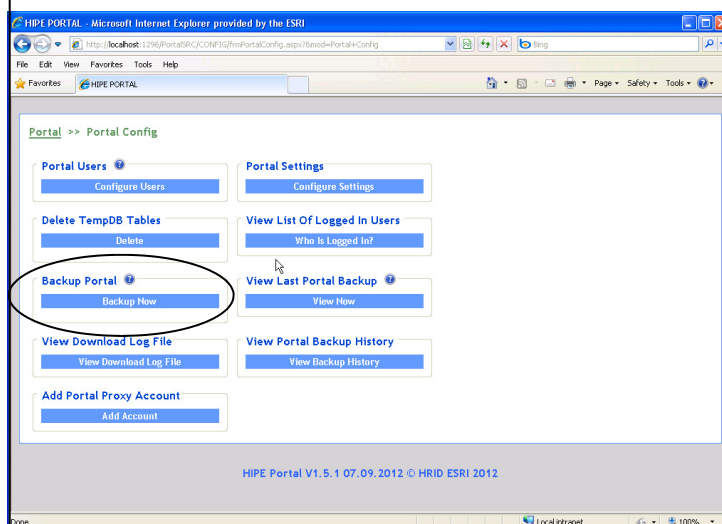
Screen Shot—Portal Config—Backup Portal.

While the new system of backups is seamless and operates behind the scenes, it is recommended that coders check that both the HIPE Portal backup and the overall backup in their hospitals are operating correctly. Coders can contact HIPE IT to get details on both their backup and who they should contact regarding queries. Queries on the overall Hospital backups should be addressed to local IT.

If a hospital would like to change the frequency of a backup so that the backup happens more than once a day, they should contact HIPE IT or the local IT.

Viewing Patient Details in the HIPE Portal Reporter

A new feature of the HIPE portal reporter is the ability to view case details of a patient report and view additional information on each patient. To use this feature in a report, choose

Patient Report—Normal report

and on the

Report Options screen tick the option ***"Add View Patient Button to Patient Reports"*** (see Fig 1). Following this, create the report as normal.

Fig 1
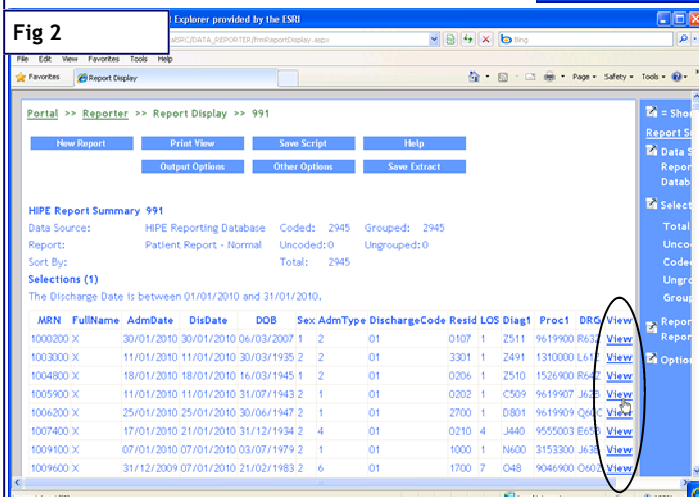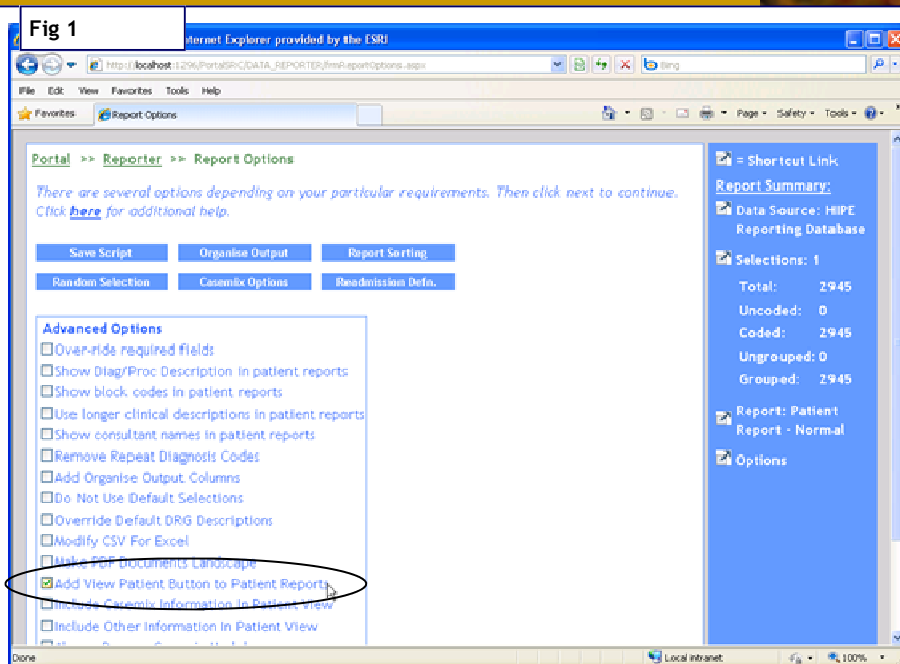
When the report appears, it will show an additional column called the <u>***View***</u> column (see Fig 2).

To view additional details about one of the patients in the report, click on the <u>***View***</u> link for the patient.

A new screen will appear as below (Fig 3). Click on ***Close*** to close this screen and return to the report.

Fig 2

Fig 3

Additional information can be included in the report by using the other options on the Report Options screen.
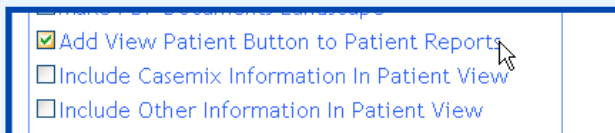
Use the ***"Include Casemix Information in Patient View"*** to show Casemix information in addition to the basic patient information. Use the ***"Include Other Information in Patient View"*** to show other information such as length of stay, age, ARDRG etc.
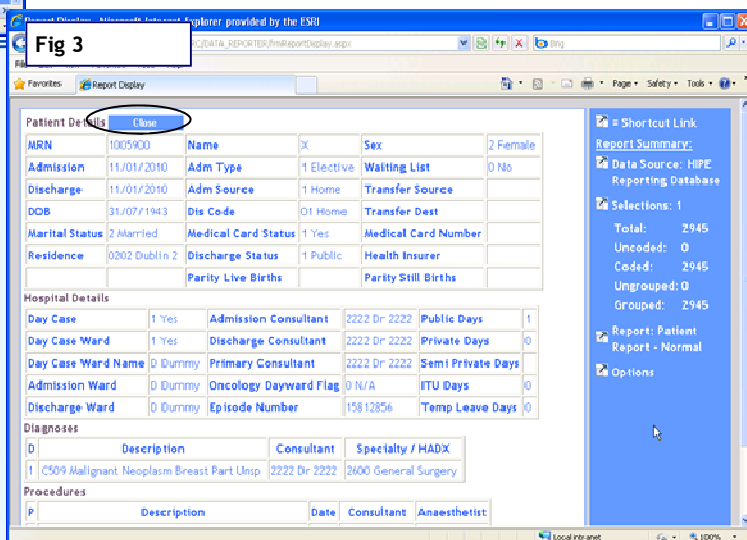
Obstetric cases in non-obstetric hospitals

There are occasions when pregnant patients are admitted to a hospital that does not specialize in Obstetrics. If you are unsure how to code the episode of care please contact us and we will advise on the appropriate code assignment.

The Classification

- Chapter 15 in ICD-10-AM tabular list is entitled *Pregnancy, childbirth and the puerperium*

- Obstetric interventions are found in Chapter 14 *Obstetric procedures* in ACHI.

- Chapter 15 *Pregnancy, childbirth and the puerperium* has 38 Australian Coding Standards.

- There are 6 Irish Coding Standards that relate to Chapter 15 *Pregnancy, childbirth and the peurperium*.

- Chapter 15 is one of the 6 specialty chapters in the classification.

- The codes in this chapter follow the progression of a pregnancy from early fetal development and antenatal conditions of the mother through to the delivery of the baby and then the puerperium (postpartum period).

- If the patient is admitted related to their obstetrical experience (from conception to 6 weeks post delivery) assign **Type of admission code 6 *Maternity*.**

- The collection of the patient's parity is mandatory for all cases with Type of Admission code "6 *Maternity*"

Example 1: A pregnant patient is admitted at 27 weeks gestation with vomiting.
Code:
O21.9   *Vomiting of pregnancy, unspecified*

Type of admission code 6 *Maternity*

Example 2: A pregnant patient is admitted with a fractured radius that she sustained when she fell while cleaning her house.
Codes:
S52.30   *Fracture of shaft of radius, part unspecified*
W19   *Unspecified fall*
Y92.09   *Other and unspecified place in home*
U73.1   *While engaged in other types of work*
Z33   *Pregnancy state, incidental*

Type of admission code 4 *Emergency*

Assigning codes for obstetric patients

- The definition of the principal diagnosis: *"The diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care or an attendance at the health care establishment, as represented by a code"* from ACS 0001 *Principal Diagnosis* is applicable with the **exception** of premature delivery where the guidelines in ACS 1530 *Premature Delivery* are to be followed.

- If a pregnant patient is admitted for a condition that is pregnancy-related, that complicates the pregnancy or is aggravated by the pregnancy, a code from chapter 15 *Pregnancy, childbirth and the puerperium* O00-O99 is assigned together with an **additional code** from other chapters of ICD-10-AM to identify the specific condition where appropriate.

- If the patient delivers during the episode a code from **Z37.-** *Outcome of delivery* is assigned.

- If a pregnant patient is admitted for a condition that is not pregnancy-related, that neither complicates the pregnancy nor is aggravated by the pregnancy, and the patient requires no obstetric observation or care, then the fact that the woman is pregnant is classified as 'incidental'. In this case, the code for the condition should be reported as the principal diagnosis with an additional diagnosis of **Z33** *Pregnant state, incidental (Example 2)*.

Example 3: A pregnant patient presented in the Emergency Department with abdominal pain. She is admitted to the ward for further observation to out rule any problems with the pregnancy and an Ultrasound is performed – no cause found for the pain.

Codes:

O99.8   *Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium*

R10.4   Other and unspecified abdominal pain

Type of admission code 6 *Maternity*

Trauma in Pregnancy

CMC Volume 12 number 1 *Trauma in pregnancy* contains classification guidelines, examples and details of locating codes in the alphabetic index of diseases for different scenarios where pregnant patients are admitted to hospital.

When a pregnant woman is injured and there are problems with the pregnancy as a result of the trauma, assign:

- a code/s from the injury chapter (with appropriate external cause, place of occurrence and activity codes) to describe the trauma to the mother and

- a code/s from the obstetric chapter to describe the obstetric condition.

Example 1: Patient, 29 weeks pregnant, involved in high speed car accident with splenic rupture. Patient was assessed by an obstetrician and an ultrasound and CTG monitoring was performed. Investigations showed mild hydrocephaly and subdural haematomas of the fetus.

Codes:

S36.04   *Massive parenchymal disruption of spleen*

Appropriate external cause, place of occurrence code **(Y92.-)** and activity code **(U50–U73)**

O35.8   *Maternal care for other (suspected) fetal abnormality and damage*

Type of admission code 4 *Emergency*

When a pregnant woman is injured and there are no problems with the pregnancy as a result of the trauma, but obstetric care is received (for example, CTG monitoring or ultrasound) assign:

- A code from the injury chapter (with appropriate external cause, place of occurrence and activity codes) and

- **Z34.-** Supervision of normal pregnancy or **Z35.-** Supervision of high risk pregnancy

Example 2: Patient, 31 weeks pregnant, presents with abdominal pain/strain following seatbelt injury. The patient is assessed by the Clinician and a CTG is performed. No further problems or abnormalities found, patient discharged home.

Codes:
S39.8   *Other specified injuries of abdomen, lower back and pelvis*
Appropriate external cause, place of occurrence code **(Y92.-)** and activity code **(U50–U73)**
Z34.-   *Supervision of normal pregnancy*
Type of admission code 4 *Emergency*

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Example 3: Patient, 27 weeks pregnant, presents to A&E with abdominal bruising due to being kicked in the abdomen by husband during an argument. The patient is assessed and a CTG is performed. No further medical problems although the patient was assessed by a social worker. The clinician noted on discharge that the patient is considered high risk due to social situation.

Codes:
S30.1   *Contusion of abdominal wall*
Appropriate external cause, place of occurrence code **(Y92.-)** and activity code **(U50–U73)**
Z35.7   *Supervision of high risk pregnancy due to social problems .*
Type of admission code 4 *Emergency*

Please refer to CMC Volume 12 number 1 *Trauma in pregnancy* for further guidelines and examples.

Cracking the Code

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

DMSA Scans—PDx

Q. What diagnosis and procedure codes are assigned if a patient is admitted for a DMSA scan because of a history of urinary tract infections? Note that the scan is not performed if the patient has a current infection.

A. Assign a code for the urinary tract infection as this is the condition that is being investigated. Screening Z codes are only assigned in asymptomatic patients where the disease has never been detected. See ACS 2111 *Screening for Specific Disorders*. Assign 61386-00 [2008] Renal Study for the DMSA scan.

ACL (Anterior Cruciate Ligament) Revision

Q. Please advise on how to code an ACL (Anterior Cruciate Ligament) Revision with Meniscal Debridement and Arthroscopic Resection of Meniscal tear. If code 49551-00[1524] *Revision of reconstructive surgery of knee* is used then we lose the specificity of what exact procedure is being done - i.e. ACL reconstruction.

A. Most revision codes in ACHI do not specify the exact procedural components, rather the emphasis is on the fact that this is a revision procedure. We suggest the following procedure code assignment for this case:

> 49551-00 [1524] Revision of reconstructive surgery of knee
>
> 49561-01 [1517] Arthroscopic meniscectomy of knee with debridement, osteoplasty or chondroplasty

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History of abnormal smears

Q. Patient admitted as a daycase for a follow up colposcopy due to a history of abnormal smears. This colposcopy and smear come back clear. According to ACS 2113 *Follow up examinations for specific disorders* the history of the condition being followed up is to be coded but I cannot find a code for a history of abnormal smears.

A. We suggest that the appropriate code to assign is Z87.8 *Personal history of other specified conditions*.

Sickle Cell Trait (SCT)

Q. Is there a code for a sickle cell carrier? We have some patients who have been screened positive for this gene.

A. We suggest code D57.3 *Sickle Cell Trait* for carriers of the gene and where this meets the criteria for collection. The information below is helpful.

People who inherit one sickle cell gene and one normal gene have Sickle Cell Trait. People with SCT usually do not have any of the symptoms of sickle cell disease (SCD), but they can pass the trait on to their children. http://www.cdc.gov/ncbddd/sicklecell/traits.html

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MSSA (Methicillin-Susceptible Staph Aureus)

Q. What code would you use for MSSA (Methicillin-Susceptible Staph Aureus). I have the code B95.6 for the Staph Aureus but was wondering what code would show that it is methicillin susceptible.

A. For MSSA, code the site of the infection followed by the code B95.6 *Staphylococcus aureus as the cause of diseases classified to other chapters* as the organism is sensitive to methicillin and is not showing resistance. Codes from the range Z06 *Bacterial agents resistant to antibiotics* are only used when there is resistance to an antibiotic.

Dialysis

Q. Do we have to code dialysis every time an inpatient receives treatment?

A. Dialysis is only coded once for inpatients regardless of the number of times it is perfomed – see *ACS 0020 Bilateral/Multiple Procedures*

> **Do you have a coding query? Please email your query to: hipecodingquery@esri.ie**

Cracking the Code

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

Benign Fibroma of Tongue?

Q. What code is assigned for benign fibroma of tongue?

A. For benign fibroma of the tongue look up Fibroma where the note instructs to see also Neoplasm, connective tissue, benign. Tongue is not listed under connective tissue in the Table of Neoplasms – so see note at beginning of connective tissue where there is an instruction to look up Neoplasm, by site. Look up Neoplasm, tongue, benign and assign code: D10.1 *Benign neoplasm of mouth and pharynx, tongue.*

Troponin Leak

Q. How is a troponin leak coded?

A. Elevated troponin levels can be caused by a number of conditions therefore code to the condition if specified e.g. MI. (See reference to article below). A condition cannot be coded based solely on laboratory values and a condition linked to the troponin leak must be indicated by a clinician before a code can be assigned. If the condition associated with the troponin leak is identified e.g. MI, the troponin leak is not coded.

In the absence of any documented condition and where follow up is not possible with a clinician, assign R74.8 *Abnormal levels of other serum enzymes* for troponin leak

For further information see article on elevated troponin levels:

Thygesen K, Alpert JS, White HD; Joint ESC/ACCF/AHA/WHF Task Force for the Redefinition of Myocardial Infarction. Universal definition of myocardial infarction. Circulation. 2007;116:2634–2653. http://circ.ahajournals.org/content/116/22/2634.full

Macular Degeneration

Q. What codes are assigned for a Type II Diabetic who is admitted with Age Related Macular Degeneration?

A. The appropriate codes to assign are H35.3 *Degeneration of macula and posterior pole* plus E11.9 *Type 2 diabetes mellitus without complication* as diabetes usually meets criteria for coding as an additional diagnosis.

Q. A patient is being treated for Age-Related Macular Degeneration (H35.3 *Degeneration of macula and posterior pole)* but also has multiple complications that fall into E11.34 *Type 2 diabetes mellitus with other retinopathy* and E11.22 *Type 2 diabetes mellitus with established diabetic nephropathy* categories. How is this case coded?

A. The codes and sequencing of codes for a patient admitted with age related macular degeneration and Type 2 diabetes with multiple microvascular complications are as follows;

> H35.3 *Degeneration of macula and posterior pole*
> E11.71 *Type 2 diabetes mellitus with multiple microvascular and other specified nonvascular complications*
> Followed by code for the eye and kidney complications

Ischaemic Leg

Q. What code is assigned for 'ischaemic leg' without any further information?

A. Please refer to the Australian Coding Standards index and as directed review ACS 0941 *Arterial Disease* . This standard advises that if only 'ischaemic leg' is documented, assign a code from category I70.2- *Atherosclerosis of arteries of extremities.*

Training is held in the ESRI.

Training is delivered via WebEx.

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. **(delivered in ESRI)**

Dates: Tuesday 23rd to Thursday 25th October

Time: 10am - 5pm each day

One Day Neoplasm Workshop

Available **both** via **WebEx** and **in ESRI**

Dates: Thursday 8th November

Time: 10am - 5pm

Presentation by clinical expert plus coding workshop. This is for coders who have attended Coding Skills I-III.

Anatomy & Physiology

Available **both** via **WebEx** and **in ESRI**

Haematology
Date: 6th November
Time 11am-1pm

ENT
Date: 6th November
Time: 2pm - 4pm

Refresher Course

Dates: Tuesday 13th to Wednesday 14th November

Time: 10am - 5pm each day.

This course will review basic coding guidelines as well as covering specialty areas and guidelines as requested in advanced by those attending.

Obstetrics & Neonates

To ensure that all coders are trained for obstetrics coding there will be 3 education sessions held over a 2 day period covering all aspects of this challenging area for coding. A 4th session on neonates is also being held during this period.

Session 1—Clinical Presentation

A Midwife familiar with HIPE coding will present on diagnostic and procedural Obstetric terminology. This will cover complication of pregnancy, childbirth and the puerperium

Dates: Tuesday 9th October

Time: 11am - 1pm

Session 2— Basic Introduction-Obstetric Coding

Dates: Tuesday 9th October
Time: 2pm - 5pm

Session 3 — Advanced Obstetrics Coding

This session will have an in depth look at classification guidelines, sequencing and will include case studies

Dates: Wednesday, 10th October

Time: 10am - 1pm

Session 4 — Coding Neonates

Dates: Wednesday, 10th October

Time: 2pm—5pm

This session will review the classification, sequencing and standards and will also will review relevant procedures.

Online application process for all of these courses at:
www.esri.ie/health_information/clinical_coding/training/

In-Hospital / Regional Training

We are always happy to provide on-site hospital training. If you would like us to deliver training at your hospital or in your region please contact us.

Locum Coders: We are occasionally 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**

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
See the 'Find it Fast' section of the ESRI website for easy access to HIPE information

www.esri.ie/health_information/find_it_fast/

"Believe in yourself and there will come a day when others will have no choice but to believe with you." Oscar Wilde