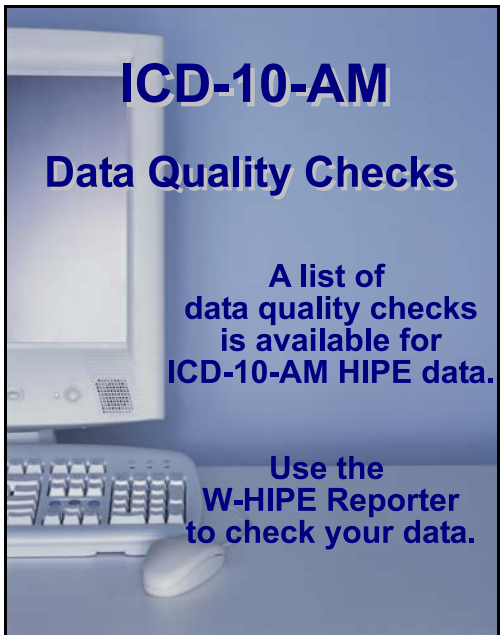
Coding Notes

HIPE & NPRS Unit

Number 30
September 2005

Focus on Quality

Following the introduction of ICD-10-AM and recent training courses, the HIPE & NPRS Unit are reviewing the quality of 2005 coded data and have issued queries to hospitals. Thanks to the many hospitals who have already returned corrected listings. We would request those with queries outstanding to respond as soon as possible.



Additional data quality queries will be generated on data submitted to the national file. This will involve a review of a random sample of discharges from January 2005 for each hospital. A summary of queries identified and relevant Australian Coding Standards will be issued with the case listings. We hope you find this helpful in ensuring coding accuracy following the implementation of ICD-10-AM in January 2005.

Queries produced by the HIPE & NPRS Unit can also be run on data locally using the W-HIPE Reporter software. Checking data on a regular basis is a useful training tool and can also reduce the number of queries arising.

If you need any information on running data quality reports in your hospital, please contact us.

A list of suggested ICD-10-AM Data Quality Checks is also available from the HIPE & NPRS Unit.
If you require additional information on queried cases please contact us.

Remember to return a copy of the listing of queried cases indicating any action taken to the HIPE & NPRS Unit.

Competition - My Year With ICD-10-AM

We are looking for articles about your experiences with the introduction of ICD-10-AM (500 words or less). The best article/s will win a prize and be printed in the Christmas edition of Coding Notes.
Entries close on December 1st 2005 and can be sent to Danielle Calvert in the HIPE & NPRS Unit.

Inside this issue:

New Staff at the ESRI

The HIPE & NPRS Unit at the ESRI are delighted to welcome new staff into the team. There are now 18 full time staff working on HIPE&NPRS data in the ESRI. The Unit in the ESRI is organised into four teams. The Data Quality group which includes the training and audit functions is headed up by Jacqui Curley, Coding Manager. The IT and Data Management teams are led by Brian McCarthy while Sheelagh Bonham manages the National Perinatal Reporting Scheme. Deirdre Murphy is now the manager of the HIPE&NPRS Unit.

Ms Fionnola Kelly

Fionnola has joined the data management and statistical analysis team of the HIPE&NPRS Unit. This team has responsibility for compiling data sets from the monthly HIPE exports, producing reports on HIPE and fulfilling requests from researchers and other interested parties. Fionnola has a Masters in Health Promotion from the University of Ulster and has most recently been with the Health Research Board in the drug misuse research division. **Email**: Fionnola.Kelly@esri.ie

New staff at the ESRI (L-R) Penny Quinlan, Kellyanne Sleeth and Fionnola Kelly.

Ms. Kellyanne Sleeth

Kellyanne Sleeth completed her Bachelor of Health Information Management in 2000 and comes from Melbourne, Australia. Kellyanne has worked as a Clinical coder, project officer and staff manager in a Hospital setting since graduation. She has a great working knowledge of ICD-10-AM and is looking forward to sharing her knowledge with us here. Kellyanne will be working in the areas of data quality and training. **Email:** Kellyanne.Sleeth@esri.ie

Ms. Penny Quinlan

Penny Quinlan also comes from Melbourne, Australia. Since graduating with a Bachelor of Health Information Management in 2002, Penny has worked in clinical coding and data management in several Melbourne hospitals. Penny's main role with the HIPE & NPRS Unit is data quality & auditing. **Email:** Penny.Quinlan@esri.ie

Dr. Willie Reardon, FRCP

Dr Reardon is a Consultant Clinical Geneticist at Our Lady's Hospital for Sick Children Crumlin, The National Maternity Hospital Holles Street and Limerick Regional Hospital, and will be providing clinical support to the HIPE & NPRS Unit. Dr. Reardon has worked in General Medicine, Neonatology and Paediatrics in Dublin until going to Great Ormond Street to train specifically in Clinical Genetics in 1998. Thereafter, he worked mainly at Great Ormond Street and also in Cardiff specifically on the Genetics of Neuromuscular Diseases. We are delighted to welcome Dr. Reardon to the team and look forward to working with him to strengthen the clinical support available to the HIPE system.

Changes to HIPE Fields 1989 to Date

It is often necessary to improve the HIPE record to take account of the changing uses of HIPE data in the Irish healthcare environment. While these changes enhance the HIPE data, they can often have reporting implications because the information is not present for certain years.
For example, if a hospital did not collect the discharge consultant prior to 2002 a report on discharge consultant will be blank for that period.
The following table is a useful guide to changes in the data:

Year[#]	Fields Added / Modified	Fields Removed	Coding of Diagnoses and Procedures
1989	Early version of HIPE data entry system		
1990	Basic admin data, 6 Diagnosis fields, 4 procedure fields,		Change from ICD-9/OPCS to ICD-9-CM Version 01/10/1988
1994	Uncertain date of birth, Hospital transfers, Emergency indicators, Admitting consultant, Specialty & medical card status		
1995			Change to ICD-9-CM version 01/10/1994
1996	Discharge consultant (optional), Number of ITU days (optional), Admission and discharge ward (optional)		
1999	Admission status, discharge status, Medical card number		Change to ICD-9-CM version 01/10/1998.
2002	Admission type, Admission source, Discharge consultant, Number of ITU days, Number of private days, Number of public days (optional) Modified: Hospital transfers, Area of residence, Discharge codes	Source of admission Emergency transfer indicators Admission status	Number of diagnosis codes increased from a maximum of 6 to a maximum of 10. Number of procedure codes increased from a maximum of 4 to a maximum of 10.
2004	Waiting list indicator, Admission mode, PDU (pre discharge unit) date, Day ward indicator, Infant admission weight		
2005	Day ward / Place location, Area of residence (modified)		Change to ICD-10-AM 4th edition. Number of diagnosis and Procedure codes increased to a maximum of 20.

[#]Changes occurred in data at start of year.

Continuous Ventilatory Support (CVS)

ACS 1006 *Respiratory support* details two main types of respiratory support - continuous ventilatory support (CVS) and non-invasive ventilation (NIV). It is important for coders to understand the differences between CVS and NIV to ensure ventilatory support is coded correctly.

Definition

Continuous Ventilatory Support (CVS) is any type of mechanical ventilation performed via intubation or tracheostomy. Common types of CVS are listed at the beginning of block [569] *Continuous ventilatory support* in Volume 3. Patients can be intubated with an endotracheal tube (ETT, Fig 1) or nasopharyngeal tube.

Non-invasive ventilation (NIV) includes Continuous Positive Airway Pressure (CPAP), Bi-level Positive Airway Pressure (BiPAP) and Intermittent Positive Pressure Breathing (IPPB). If any of these methods of respiratory support are performed by intubation, they are classified as CVS.

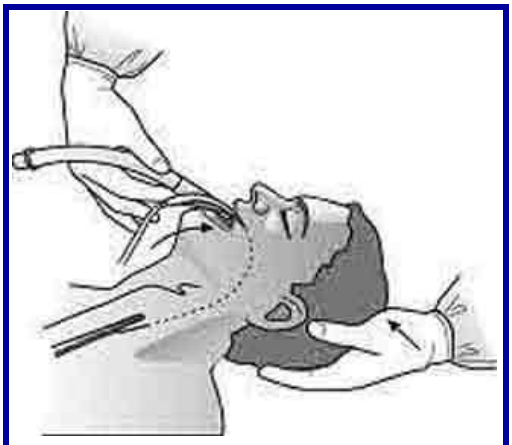


Fig. 1 Endotracheal Intubation

Classification of NIV

Please refer to guidance in ACS 1006 *Respiratory support* p.167.

Classification of CVS

The number of codes assigned to a patient who has had mechanical ventilation will vary depending on where CVS was initiated, if a tracheostomy was performed and the age of the patient.

1. Code first the duration / management of mechanical ventilation from block [569].
2. If the patient was intubated during the current inpatient episode, use an additional code to indicate where the mechanical ventilation was initiated from block [569].
   Please note the duration / management code is sequenced *before* the initiation code.
3. Assign an additional code for tracheostomy from block [536] if performed.
4. Patients 15 years and under require an additional code for intubation if it is performed during the current inpatient episode or a code for management of intubation if the patient is intubated prior to the current inpatient episode.

Example 1:

A 56 year old male is admitted to ICU after suffering a stroke. He is intubated and receives CVS until he is extubated 45 hours later.

Codes:

13882-01 [569] *Management of continuous ventilatory support, >24 and <96 hours*
13879-00 [569] *Continuous ventilatory support, initiation inside intensive care unit*

Example 2:

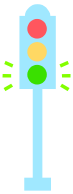
A 5 year old burns patient is intubated with an ETT in ICU and CVS is commenced. She is extubated 36 hours later.

Codes:

13882-01 [569] *Management of continuous ventilatory support, >24 and <96 hours*
13879-00 [569] *Continuous ventilatory support, initiation inside intensive care unit*
22007-00 [568] *Endotracheal intubation, single lumen*

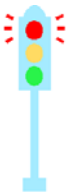
Counting the duration of CVS

For the purposes of coding, CVS starts:



- when the patient is intubated (i.e. an endotracheal or nasopharyngeal tube is inserted) **OR**
- when CVS is started through the patient's tracheostomy **OR**
- at the time of admission, for those patients who are admitted already intubated and ventilated.

For the purposes of coding, CVS ends:



- when the patient is extubated (i.e. the endotracheal or nasopharyngeal tube is removed) **OR**
- when CVS through the patient's tracheostomy is stopped **OR**
- when the patient is discharged, dies or is transferred to another hospital.

CVS must be coded for all patients, except when the ventilation is initiated for a surgical procedure and continues for less than 24 hours.

Weaning

While a patient is intubated, they may receive other forms of ventilation in an attempt to wean them off CVS. If this weaning occurs while the patient is still intubated, then the weaning will be counted as mechanical ventilation hours. Codes are not assigned for the method of weaning.

Cumulative Hours

If there are two or more separate periods of mechanical ventilation during one episode of care, assign one code for the total duration of the CVS only. Codes for 'initiation of CVS' are assigned for each period of CVS.

Example 3:

A patient undergoes mitral valve replacement and is admitted to ICU postoperatively. The patient is on mechanical ventilation which continues until the patient is extubated 30 hours after intraoperative intubation. The next day the patient deteriorates and is intubated and ventilated in ICU for another 18 hours. (The patient has received CVS for a total of 48 hours).

Codes:

13882-01 [569] *Management of continuous ventilatory support, > 24 and < 96 hours*
13857-00 [569] *Continuous ventilatory support, initiation outside of intensive care unit*
13879-00 [569] *Continuous ventilatory support , initiation inside intensive care unit*

Intubation without continuous ventilation

Some patients will be intubated i.e. an endotracheal or nasophayngeal tube is inserted, without being ventilated. In such scenarios, a code for the intubation is assigned regardless of how long the patient was intubated.

Example 4:

A 29 year old epileptic is admitted to the ward. He is intubated with a double lumen endotracheal tube to assist in keeping his airway open.

Code:

22008-00 [568] *Endotracheal intubation, double lumen*

References:

- Australian Coding Standard 1006 *Respiratory support, ICD-10-AM 4th edition*
- ICD Coding Newsletter, August 2002, Victorian Department of Human Services, Melbourne, Australia
- Introduction to Coding with ICD-10-AM, 4th edition, HIMAA, Sydney, Australia, 2004

Cracking the Code

A selection of ICD-10-AM related queries.

Infective exacerbation of asthma

Where asthma has been exacerbated by an upper respiratory tract infection, assign the following codes:

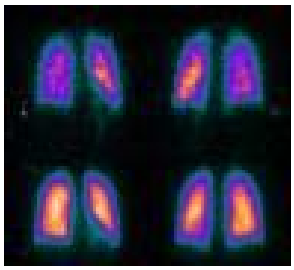
J45.9 *Asthma, unspecified*
J06.9 *Acute upper respiratory tract infection, unspecified*

Excision of multiple skin lesions

A patient is admitted for excision of four skin lesions from the back. Do we need to assign a procedure code for each excision?

Yes. If multiple skin lesions are removed from the same area of the body, then assign a code for each procedure reflecting the number of times that it is performed.

VQ Scan



A VQ scan is a ventilation-perfusion nuclear medicine imaging study of the lung. The appropriate code to assign is:

61348-00 [2006] *Lung ventilation and perfusion study*

Transvaginal Tape (TVT)

What is the code for the transvaginal tape procedure for female stress incontinence in ICD-10-AM?

In this procedure a tunnelling instrument is used to pass polypropylene mesh tape through the vagina under each side of the urethra to form a sling under the neck of the bladder. The tape then becomes a ligament when collagen deposits form around the tape. Assign:

35599-00 [1110] *Sling procedure for stress incontinence*

(This supersedes all previous advice given.)

Bleeding Oesophageal Ulcer

As there is no combined code for bleeding oesophageal ulcer in ICD-10-AM, the following 2 codes are assigned:

K22.1 *Ulcer of oesophagus*
K22.8 *Other specified diseases of oesophagus*
Haemorrhage of oesophagus NEC

TURBT

How do we code transurethral resection of bladder tumour (TURBT)?

See Index entry (Volume 4):

Resection
- tumour
- - bladder (transurethral)

and follow the appropriate modifiers. Transurethral is a non-essential modifier for this code.

Anti-D Injection

Are anti-D injections coded in ICD-10-AM?

Yes. For cases where anti-D is administered for prophylaxis assign the following diagnosis and procedure codes:

Z29.1 *Prophylactic immunotherapy*
92173-00 [1884] *Passive immunisation with Rh(D) immunoglobulin*

Pancreatic insufficiency in cystic fibrosis

Is it necessary to code pancreatic insufficiency in patients with cystic fibrosis?

No. Pancreatic insufficiency is an indicator of cystic fibrosis, therefore it is not necessary to assign an additional code as per ACS 0001 *Principal diagnosis* and ACS 1802 *Symptoms & Signs.*

U73.8 Other specified activity

When is it appropriate to assign U73.8 Other specified activity?

It is only appropriate to assign U73.8 for the activities of attempted suicide, and children playing.

Romano-Ward Syndrome

Romano-Ward Syndrome, also known as Long Q-T Syndrome, is a genetic condition which causes electrical rhythm abnormalities in the heart. The heart can stop or the patient can suffer fainting episodes due to irregularity of heartbeat.

The following codes are assigned:

Q28.8 *Other specified congenital malformations of circulatory system*
R94.3 *Abnormal results of cardiovascular function studies.*

Allergy to penicillin

Is Z88.0 Personal history of allergy to penicillin assigned for all patients where this is documented?

No. Z88.0 is not routinely assigned and is only coded if it meets the criteria in ACS 0002 *Additional diagnosis*.

Augmentation v. Induction

What is the difference between augmentation and induction of labour?

Induction of labour is a process that starts labour artificially. Augmentation of labour is a process of speeding up labour that has occurred spontaneously. Therefore, induction codes are assigned when the patient is not in labour and augmentation codes are assigned after the onset of spontaneous labour. See ACS 1513 *Induction*.

Correction of deviated nasal septum

How do we code correction of deviated nasal septum?

See Index entry (Volume 4):

Correction—see also *Repair*

Repair

- nose, nasal NEC

- - septum—see also *Septoplasty*

Look up the main term **Septoplasty** and follow the modifiers as appropriate.

Diabetes with hyperglycaemia

How do we code diabetes with hyperglycaemia?

Hyperglycaemia is a symptom of diabetes and is therefore not coded as per ACS 0001 Principal diagnosis. See Index (Volume 2) entry:

Hyperglycaemia

- with diabetes (mellitus) — see Diabetes, by site

Do you have a coding query?

Please contact the HIPE & NPRS Unit or email: **hipecodingquery@esri.ie**

Remember to provide as much information as possible.

Use the Coding Help Sheet as a guide to the amount of detail required.

Upcoming Workshops

W-HIPE Reporter Training

Basic W-HIPE reporter training workshops are being scheduled for:

Tuesday 27th September 2005 & Tuesday 11th October 2005

These courses will be held in Dublin and will be approximately 3 hours long.

Places are limited and early booking is essential. Priority will be given to attendees who have not previously attended a course. For further information please contact Mark McKenna in the HIPE & NPRS Unit on 01 630 7171 or email: Mark.McKenna@esri.ie

Intermediate Coding Course

A 3 day ICD-10-AM Intermediate Coding Course will be held at the ESRI on:

Tuesday 4th October - Thursday 6th October 2005

Candidates have been contacted with details of this course.

Basic Coding Course

The next Basic ICD-10-AM Coding Course will be held at the ESRI on:

Tuesday 10th January - Friday 13th January 2006

This 4 day course is intended for HIPE staff who work in the HIPE Department and who will code discharges using ICD-10-AM.

If you have any coders requiring Basic Training, please contact Kellyanne Sleeth in the HIPE & NPRS Unit.

Upcoming Specialty Workshops

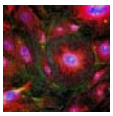
Following the ICD-10-AM post implementation courses, specialty workshops with guest speakers will be held at the ESRI in November 2005. These workshops are for coders who have attended at least a Basic Course.

Orthopaedics Monday 7th November 10:00am - 1:00pm
Guest Speaker: *Orthopaedic Nurse Specialist*

Cardiology Monday 7th November 2:00pm - 5:00pm
Guest Speaker: *Cardiac Nurse Specialist*

Paediatrics Tuesday 8th November 10:00am - 1:00pm
Guest Speaker: *Specialist Registrar in Paediatrics*

Ophthalmology Tuesday 8th November 2:00pm - 5:00pm
Guest Speaker: *Specialist Registrar in Ophthalmology*



Neoplasms Wednesday 16th November 10:00am - 1:00pm
Guest Speaker: *Irish Cancer Society*

Obstetrics Thursday 17th November 10:00am - 4:00pm
Guest Speaker: *Midwife*

10:00am - 1:00pm The morning session will cover the basics of obstetrics coding for those who have never attended a workshop before or who need a refresher on the topic.
2:00pm - 4:00pm The afternoon session will be an in-depth review of coding. A guest speaker will attend.

Diabetes Friday 18th November 10:00am - 4:30pm
Guest Speaker: *Diabetes Federation Ireland*

If you wish to attend any of the workshops, please complete the enclosed workshop application form as soon as possible as places are limited and send / fax it to:

Kellyanne Sleeth, HIPE & NPRS Unit, ESRI, 4 Burlington Rd, Dublin 4 or Fax: 01 668 6231

Please return completed application form before Friday 14th October 2005.

If you have any issues you would like addressed at the workshop please enclose those with your application form.

Participants will need to bring their own copies of ICD-10-AM (4th edition) in hard copy or the eBook on laptop.

Keep in touch:

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

Danielle Calvert, HIPE & NPRS Unit, ESRI, 4 Burlington Road, Dublin 4 Phone: 01 630 7185 Email: danielle.calvert@esri.ie