Coding Notes

HIPE Basic Course
will now be presented over two modules.

Module 1 will run over <u>two days</u>, and will give new Coders and others working within the HIPE system a basic introduction to HIPE and the ICD-10-AM classification.

Module 2 will run within six weeks of Module 1, and will be a <u>three-day</u> training course focussing on coding and coding guidelines.

The Basic Training course is undoubtedly the most important training course a coder will attend. It is always a challenge both for the 'new' coder and the trainer to make the most of this course. Coding is a highly specialised task and this course is the first step in a continuous education path undertaken as long as one is coding. The Basic course provides the foundation upon which all subsequent education will rest.

All of the training delivered by the ESRI is under constant review with trainers constantly educating themselves as well as developing new ways to present the material. Each course from Basic to Specialised Workshop is reviewed to ensure the optimum benefit for all attending. Following on from input from attendees and review of the curriculum the Basic coding course will now be run in two separate modules, the first for two days and the second for three days. It will of course be mandatory for all coders to attend Module 1 before moving on to Module 2.

We are always looking at ways to develop and improve the courses e.g. delivery of training courses. If you have any ideas for future HIPE training courses please contact Marie Glynn.

WE'RE ON THE MOVE.....
From 1st November 2006, the ESRI will be located by Sir John Rogerson's Quay Dublin 2. Further details to follow. <u>If you're booked into a course be sure to double check the venue.</u>

Specialty Renal Workshop - July 2006

The first renal workshop, since the introduction of ICD-10-AM, was held in July and interest levels were high, with over 30 coders from across Ireland attending.

The workshop began with a guest speaker from the Renal Unit, Beaumont Hospital. Following on from this, relevant coding standards, guidelines and classification relating to renal disease and interventions (including dialysis) were discussed. The day ended with case study reviews.

A Permacath is a catheter inserted into a vein (e.g. jugular, subclavian) and threaded into the right atrium.
The procedure involves creating a tunnel under the skin to thread the other portion of the catheter out through the skin.

Procedure Code for Permacath for Dialysis

The following codes are assigned for insertion of a permacath for haemodialysis:
Closed or unspecified
- 13815-01 [738] *Percutaneous central vein catheterisation*

Open
- 13815-00 [738] *Central vein catheterisation*

Insertion of Permacath into Multiple Sites (i.e. femoral vein & subclavian vein)

Insertion of central venous catheters and similar drug delivery devices (e.g. peripherally inserted central catheters) should be coded once only per episode of care, unless an anaesthetic is administered to perform the procedure or the procedure involves two or more sites. This advice is in accordance with revision to ACS 0020 Multiple/bilateral procedures. (ref: NCCH Query # 1504)

End-stage Renal Failure (ESRF) due to Cholesterol Emboli

For patients admitted with ESRF due to cholesterol emboli, assign the following codes:
N18.0 *End-stage renal disease*
N28.0 *Ischaemia and infarction of kidney.*

Chronic Allograft Nephritis

The terms "chronic rejection" and "chronic allograft nephropathy (CAN)" are used interchangeably. Assign the following codes for documentation of "chronic allograft nephritis":
T86.1 *Kidney transplant failure and rejection*
Appropriate external cause codes

Insertion of Vascular Access Device for Renal Dialysis

– in the Index (see below) there are currently two possible codes to assign for patients who are admitted for insertion of a vascular catheter for renal dialysis.

Admission
- dialysis
- - catheter
- - - extracorporeal
- - - - fitting and adjustment

Z45.2 *Adjustment and management of vascular access*

❌

Admission
- dialysis
- - renal
- - - preparatory care only (without treatment)

Z49.0 *Preparatory care for dialysis*

✓

Based on the advice in NCCH query #2043, code **Z49.0 _Preparatory care for dialysis_ should be assigned for these cases**. The NCCH will consider amendments to the Alphabetic Index of Diseases relating to this topic to correct anomalies.

Coding Guidelines

Sequencing of Codes: Does it matter?

PDx **2nd** **3rd** **5th** **4th** **6th**
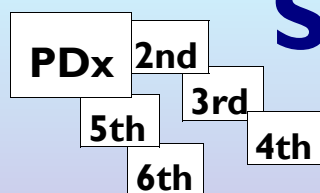
Most cases will have more than one diagnosis code recorded. Sequencing of codes is important to ensure the morbidity of the discharge is appropriately recorded.

After the PDx (**ACS 0001 Principal Diagnosis**) is assigned, additional diagnoses need be sequenced where and when appropriate. There are a number of ACS that provide information on the sequencing of codes, some of which are mentioned here:

ACS 0002 Additional Diagnoses states;
Sequencing of additional diagnoses
.. the **more significant ones**, particularly complications and comorbidities, should be **sequenced higher** in the string of codes, particularly if the number of available code fields is limited.

The dagger and asterisk convention is one such guideline that is central to correct sequencing. **ACS 0027 Multiple Coding** states that the codes are assigned in the order they are given in the Alphabetic Index with the **dagger (aetiology) code** sequenced <u>**before**</u> the **asterisk (manifestation) code**.

Dagger: Aetiology (underlying cause)

Asterisk: Manifestation **✳**

Correct sequencing of codes ensures accuracy when reviewing individual cases, hospital data and national data.

Many Z codes have specific sequencing guidelines. e.g. ACS 0112 *Infection with drug resistant organism* states the drug resistance **z code** must be **sequenced after** the diagnosis code for the infection.

Anaesthetic codes should be sequenced **after the procedure for which they are given** (see ACS 0031 Anaesthesia)
It is not correct to code all the procedures and then code all the anaesthetics. Each procedure performed under anaesthetic must be followed by the correct anaesthetic code. The sequencing matters in this case so that the types of anaesthetic given for a procedure can be identified.

Sequence **external cause codes directly after the injury to which they relate** (see ACS 2001 External Cause Code Use and Sequencing) so that the cause of injuries can be determined. Patients may have other conditions coded that are not due to the injury so it is important to know which diagnosis codes the external cause codes relate to.

As always, read the ACS for guidance.

National Audit of Stroke Care (NASC)

Approximately 10,000 people experience a stroke each year in the Republic of Ireland (ESRI) and it is estimated that over 30,000 people in Ireland are survivors of stroke. Planning appropriate services requires accurate information. The Irish Heart Foundation, in association with the Department of Health and Children, recently commissioned a national audit of stroke services. It is planned that the results of the study will inform a much needed national strategy on stroke care.

The aim of the project is to conduct a national audit of hospital and community stroke care in the Republic of Ireland. A sample of case notes of all patients with stroke based on ICD-10-AM codes, discharged during two six week periods in 2005, will be reviewed. This national group will be contacting the HIPE Department in all hospitals in the coming weeks regarding this study. HIPE data are recognised as crucial to this study and we look forward to your assistance and support of this important national study.

The audit is being carried out by a Royal College of Surgeons in Ireland (RCSI) and Trinity College Dublin (TCD) team (Leads: D O'Neill (TCD) and H McGee, F Horgan & A Hickey (RCSI). Other partners include the Economic and Social Research Institute (ESRI: M Wiley) and the Midland Regional Hospital Mullingar (S Murphy). The project will report in phases over the next 18 months and will provide an important advance in quantifying the preparedness of Irish hospitals for modern stroke treatment, as well as providing a nationwide profile of community stroke services in the Republic of Ireland

For further details please contact
Dr Frances Horgan, Project Manager, National Audit of Stroke Care,
School of Physiotherapy, Royal College of Surgeons in Ireland.
Tel 01 4022472 Fax 01 4022471 fhorgan@rcsi.ie

Pictured L to R (back row) : Ronan Cavanagh, PR Officer Irish Heart Foundation; Professor Seamus Cowman, Professor of Nursing at RCSI and Head of Department at the Faculty of Nursing and Midwifery and Dr Sean Murphy, Consultant Geriatrician in the Department of Geriatric Medicine at the Midland Regional Hospital, Mullingar.

Pictured L to R (middle row) : Dr Emer Shelley, Department of Health and Children and the Department of Epidemiology RCSI; Professor Miriam Wiley, Head of the Health Policy & Information Division of the Economic and Social Research Institute, Dublin and Dr Anne Hickey, Department of Psychology, RCSI.

Pictured L to R (front row) : Dr Frances Horgan, Department of Physiotherapy, RCSI; Professor Hannah McGee, Director of the Health Services Research Centre at the Department of Psychology, RCSI and Professor Des O'Neill, TCD.

Coverage

BREAKING NEWS
1,000,000th HIPE record received for 2005

The only way is up!

The ESRI has managed the HIPE system since 1989. In that first year of HIPE at the ESRI (1990) we received 296,000 records; this represented less than 60 per cent national coverage. Through the years we have emphasised the importance of the provision of the most complete and accurate data. For the first time in it's history we have received over 1 million records for the National File for 2005. Many thanks to all of you who have brought the levels to this great level of coverage. We have witnessed a year on year increase in the number of discharges and an improvement in individual hospital coverage levels, so congratulations.

Coverage of 100 per cent of In-Patient and Day Case activity is required of every hospital participating in HIPE. Complete and accurate capture of HIPE hospital activity ensures that the data can be used with confidence at local, regional and national level for a wide range of health service management, clinical and epidemiological applications. We have written to hospitals that have not met the desired coverage levels.

It is in your hospital's interest that the most complete and accurate data are provided within 3 months of discharge.   Many hospitals achieve the 100 per cent target. Coverage of the HIPE system nationally is estimated at approximately 95 per cent.

HIPE Coding Audit Toolkit©

Hospitals in Ireland can now conduct standardised chart-based audits of HIPE data to assess the quality of coding and ensure that hospital activity is accurately collected. Dedicated software, the HIPE Coding Audit Toolkit (HCAT), has been developed to assist with the achievement of this objective. HCAT works alongside existing W-HIPE data entry and reporting software and has been distributed to hospitals that requested the software. The pack issued to hospitals includes:

To request a HIPE Coding Audit Toolkit licence or information leaflets on the HCAT for your hospital, please contact Nicole Hopgood (nicole.hopgood@esri.ie).

- Audit Instruction Manual
- CD
- Licence
- Installation Instructions
- HCAT Information Leaflet

Cracking the Code

A selection of recent queries.

Ischaemic Dilated Cardiomyopathy

What is the code for Ischaemic Dilated Cardio-myopathy?

Dilated cardiomyopathy is a condition that is generally diagnosed from an echocardiogram. It is more of a generic diagnosis, and it is likely that more investigations would be undertaken to find the condition causing the dilated cardiomyopathy. In the case of ischaemic dilated cardiomyopathy, the ischaemia would be the condition causing the dilated cardiomyopathy. Assign the following code:

I25.5   *Ischaemic cardiomyopathy*

Labial Grazes

Are labial grazes coded?

Obstetric lacerations that are not sutured are not coded. Similarly, labial grazes that are not sutured are not coded. As per CMC Vol.6 No.1, if a labial graze is documented and has been sutured, assign the following codes:

O70.0 *First degree perineal laceration during delivery*
90481-00 [1344] *Suture of first or second degree tear of perineum*

Antral gastritis

A patient has a diagnosis of 'antral gastritis'. There is no documentation of acute or chronic. What code is assigned?

The lower part of the stomach is called the antrum (see diagram below). For a diagnosis of antral gastritis without further specification, assign:
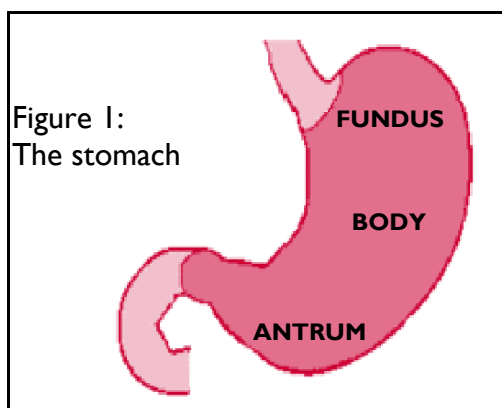
K29.7   *Gastritis, unspecified*

Figure 1:
The stomach

FUNDUS

BODY

ANTRUM

Basal Pneumonia

What code do you assign for basal pneumonia? The Index leads you to see Pneumonia, lobar.

Unless a diagnosis of 'lobar pneumonia' is clarified with the clinician, the code J18.9 *Pneumonia, unspecified* is assigned as per ACS 1004 *Pneumonia*. (See also Coding Notes, Issue 28, April 2005).

Pacemaker Status

Is Z95.0 Presence of cardiac device assigned for all patients with a pacemaker in situ?

No. As per ACS 0936 *Pacemakers* 'Patients with a pacemaker in situ require additional care at the time of surgery, and therefore should be coded for all surgical cases'. For non-surgical cases, a code for the pacemaker status will only be assigned if it meets the criteria in ACS 0002 *Additional Diagnosis*.

Excision of lesion

Where an excised lesion is sent for histopathology, is a biopsy code required in addition to the code for excision of lesion?

When an excision is performed, a biopsy code is not required as it is the excised lesion that is sent for histopathology. If different sites are involved or both procedures are performed separately, then codes for both an excision and a biopsy may be recorded.

Drug Taken in Combination with Alcohol

What codes are assigned for a patient who was admitted with seizures due to amitryptyline and alcohol?

ACS 1903 *Two or more drugs taken in combination* is applied in this case; 'An adverse reaction to a drug taken in combination with alcohol should be coded as poisoning by both agents'. Assign the following codes for the case cited:

T43.0 *Poisoning by tricyclic and tetracyclic antidepressants*
T51.0 *Toxic effect of ethanol*
R56.8 *Other and unspecified convulsions*
X41 *Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs NEC*
X45 *Accidental poisoning by and exposure to alcohol*

Appropriate place of occurrence and activity codes.

Missed Miscarriage
What code do I assign for a diagnosis of 'missed miscarriage'?
A missed miscarriage refers to a miscarriage in which the fetus has died prior to 22 weeks gestation, but neither the fetus nor the placenta has been expelled from the uterus. It is also known as a 'missed abortion'.
See the following Index (Volume 2) entry:
Abortion
- missed
The following code will be assigned:
O02.1   *Missed abortion*

Fall involving 'Heelys'
What external cause codes are assigned for a child who fell off their 'Heelys'?
'Heelys' are runners with a wheel in the heel. The following external cause codes are assigned for falls involving 'Heelys':
W02.0 *Fall involving roller-skates*
U66.2   *Roller skating*
Appropriate place of occurrence code.

Coding of vaccinations for inpatients
Are vaccinations coded for inpatients?
Very few vaccinations occur while a patient is an inpatient. If a patient was to be admitted to hospital for a vaccination, they would normally be a day case. A code from the following code range, can be assigned to reflect that a vaccination was administered to an inpatient:
Z23 - Z27 *Need for immunisation*
It is not necessary to assign vaccination procedure codes for inpatients.

Gastroenteritis in adults
Can code A09 Diarrhoea and gastroenteritis of presumed infectious origin be assigned for patients over 15 years of age?
Yes, but only if it is documented that the gastroenteritis or diarrhoea is 'infectious'. Please also refer to ACS 1120 *Gastroenteritis*.

Mechanical ventilation with sedation
If sedation is documented for a patient who is intubated and ventilated, is a code for the sedation also assigned?
Yes, ventilatory support performed under IV sedation, requires codes for the ventilation and the sedation. Remember to sequence the anaesthesia code immediately after the procedure code to which it relates as per ACS 0031 *Anaesthesia*.

Admitted from Boarding School
What are the Source of Admission and Discharge codes for a patient who is admitted from and discharged back to boarding school?
In the case cited, assign a source of admission of 8 - *Temporary place of residence*, and a discharge code of 14 - *Other*.

Infected Intravenous (IV) Site
How are infected IV sites coded?
As per Coding Matters Vol.8 No.2, when there is documentation of 'infected IV site' or other clinical evidence which indicates that the IV site infection is localised, assign:
T82.7 *Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts*
Y84.8 *Other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (if the insertion was not performed as an open surgical procedure)*
Y92.- *Place of occurrence*

IV Administration of Infliximab (Remicade)
What codes are assigned for patients admitted for day case IV administration of Infliximab, also known as Remicade, who are being treated for non-neoplastic conditions such as Crohn's disease or arthritis?
Infliximab is a monoclonal antibody. For patients who are admitted and discharged on the same day for IV administration of Infliximab assign:
- A code for the condition
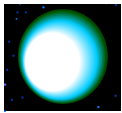- 96199-09 [1920]   *Intravenous administration of other and unspecified pharmalogical agent*

Upcoming Specialty Workshops

Z-Codes Workshops
Workshop 1
Date: Monday 9th October 2006

Venue: ESRI, 4 Burlington Rd, Dublin
Time: 2:00pm - 4:30pm

Workshop 2
Date: Friday 13th October 2006
Time: 10:30am - 1:00pm

Cardiology Workshop
Date: Tuesday 10th October 2006

Venue: ESRI, 4 Burlington Rd, Dublin
Time: 10:00am - 4:00pm

Orthopaedics Workshop
Date: Wednesday 11th October 2006

Venue: ESRI, 4 Burlington Rd, Dublin
Time: 10:00am - 4:00pm

Diabetes Workshop
Date: Thursday 12th October 2006

Venue: ESRI, 4 Burlington Rd, Dublin
Time: 10:00am - 4:00pm

Obstetrics Workshop
Date: Tuesday 7th November 2006
Time: 10:00am - 4:00pm

Venue: Quality Hotel, Cardiff Lane, Sir John Rogerson's Quay, Dublin 2

Please contact Marie Glynn, Training Co-ordinator, HIPE Unit, Health Policy & Information Division, at the ESRI for further information and application forms.

Upcoming Courses

A full schedule of training for 2007 will be published in the December Coding Notes

Basic ICD-10-AM Coding Course

MODULE 1
Dates: Tuesday, 14th November & Wednesday, 15th November, 2006
Venue: Quality Hotel. Cardiff Lane, Sir John Rogerson's Quay, Dublin 2
Ph: 01 643 9500 www.qualityhoteldublincity.com

MODULE 2
Dates: Monday 4th December - Wednesday 6th December, 2006
Venue: To be announced.

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 Unit, Health Policy & Information Division, ESRI, 4 Burlington Road, Dublin 4
Email: danielle.calvert@esri.ie