Coding Notes

Update on HIPE Coding

HIPE Coverage

Coverage is being constantly monitored in the HSE and we really appreciate hospitals help with meeting the new shorter deadlines. Most hospitals are now meeting the deadline of 100% coded for the previous month after export. We do on occasion need to contact hospitals to enquire if deadlines are not being met and we would like to thank hospitals for their patience and forbearance in responding to these enquiries and for addressing issues on coverage as they arise.

We would also encourage all hospitals to run the Checker© programme prior to export as this will cut down on queries being returned to hospitals at a later stage when maybe the charts or patient information is not as readily available. It also further quality assures each export you submit to the HPO (see more on page 4).

2013 National file now closed.

Many thanks to everyone for the great work in getting the 2013 data in so promptly along with the fantastic work of keeping up with the new monthly deadlines. The 2013 HIPE report is now being prepared and will be available on-line before the end of the year. This is a great turnaround and again thanks to everyone for the hard work in submitting over 1.5million discharges to the 2013 HIPE national file. You can continue to code 2013 discharges locally should any come through to you. It is important to have the most complete HIPE data available locally and should the 2013 national file be reopened in the future these additional cases will be exported at that time. In addition should any national queries arise we may have to contact you to run the most recent 2013 data available to you.

8th Edition of ICD-10-AM/ACHI/ACS

All patients discharged on or after 1.1.2015 will be coded using the 8th edition of ICD-10-AM/ACHI/ACS. See June's Coding Notes and page 2 of this edition for 8th edition update information. There will be a 3–Phased training plan which all HIPE coders must attend. We are now accepting bookings for the November courses. Please note that due to the update all new coders will be trained in 8th edition *only* from October 2014 onwards.
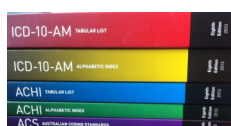
Special thanks to the hospitals who are providing training facilities for these courses.

Phase 1 - 8th Edition Update — 1 Day Coders of all levels must attend	
Location	Date
Dublin – ESRI Building	Tuesday 4th November
Dublin – ESRI Building	Wednesday 5th November
Galway – Ardilaun	Wednesday 12th November
Sligo General Hospital	Thursday 13th November
Cork – Mercy Hospital	Wednesday 19th November
Limerick—Midwest Regional Hospital	Monday 24th November

We're on the move!

HPO Staff based in the ESRI building and Naas will be relocating in the coming months to offices in Heuston Square Quarter, conveniently located near Heuston train station. We will let you have details of our new address and contact details when they become available. Emails will remain the same.

8th Edition Changes

- *Delivery* codes have expanded from O80-O82 in 6th Edition to O80-O84 in 8th Edition (see below)

- There is a new note in 8th edition at category O80-O84 (see below) - O80-O84 *Delivery*. These codes can be sequenced as either a Principal diagnosis or as an additional diagnosis.

- In 8th Edition O80-O84 can be coded with other O codes. The 6th Edition rule where O80-O82 was not coded with any other code from Chapter 15 (O00-O99) no longer applies.

- With Obstetric admissions where the outcome is a delivery please assign a code from O80-O84 *Delivery* **AND** Z37 *Outcome of Delivery*

- When selecting the principal diagnosis for Obstetric cases follow the guidelines in ACS 0001, *Principal diagnosis*. There is a new section in ACS 0001 *Principal Diagnosis* on Obstetrics.

- ACS 1530 *Premature Delivery* has been deleted.

- A total of 15 Obstetric Australian Coding Standards have been deleted. The information has now been included in the tabular and/or index.

- No new Australian Coding standards have been included for Chapter 15, Obstetrics.

O80–O84 DELIVERY

Note: Codes from this section are for use in all obstetric episodes of care where delivery is the outcome. Other abnormalities/complications classifiable elsewhere in Chapter 15 may be assigned in conjunction with codes O80–O84 to fully describe the delivery episode.

Code also the outcome of delivery (Z37.-)

O80	Single spontaneous delivery

O81	Single delivery by forceps and vacuum extractor

O82	Single delivery by caesarean section

O83	Other assisted single delivery

O84	Multiple delivery

Use additional code from category O30.- to identify multiple gestation.

O84.0 Multiple delivery, all spontaneous

O84.1 Multiple delivery, all by forceps and vacuum extractor

O84.2 Multiple delivery, all by caesarean section

O84.8	Other multiple delivery

✪O84.81 Multiple delivery, all assisted, not elsewhere classified

✪O84.82 Multiple delivery by combination of methods

O84.9 Multiple delivery, unspecified

Money Follows The Patient
Reporting tool

The theme of the national educational seminar held in Tallaght in April 2013 was "Money Follows the Patient- are you ready?", followed by this year's national educational seminar "Money Follows the Patient – Getting Started". To facilitate hospitals to explore their own activity in terms of MFTP, the Healthcare Pricing Office has designed a reporting tool using Qlikview, a web-based tool widely available in hospitals. The tool uses HIPE and uncoded data to compare activity in your baseline period to current activity coded to HIPE. "Baseline" activity was communicated to MFTP/Casemix hospitals in December 2013. "Current" activity is the activity reported to HIPE in the latest export. Uncoded cases that have been captured on the PAS are also included. The tool is updated each month with the latest HIPE file.

Access to reporting tool

To access the reporting tool, first request access by contacting the HPO (Cliona O'Donovan at cliona.odonovan@hse.ie), once granted you use your browser to navigate to http://10.0.4.143/qlikview/index.htm and click on *MFTP Monthly reporting 2014 draft 17JUL14_SA.qvw.* Your access is linked to your hospital and your username so it important that you **never** share login details or passwords. If necessary you can request access to multiple hospitals.

Organisation and functionality of the reporting tool

Various reports are arranged on tabs, to navigate between tabs you simply click on the tab you require. Graphs and tables can be exported to excel, or copied as images to other packages. You can apply filters to all graphs and charts (called *objects* in Qlikview) by using the *Search Items* options.

Reports included

Reports available include graphs showing current versus baseline in terms of number of cases and associated costs, supported by tables of figures where users can drill down to explore the reasons for any differences. You drill down from total numbers to those split by day/inpatient while inpatients can be further split down into sameday and overnight. You can then drill down to MDC and DRG level and some reports drill down further to month of discharge and (encrypted) principal consultant.

Reports relating to coding process

You can explore the uncoded data and examine how many charts are uncoded by month of discharge, by specialty, by admission and discharge ward. Length of stay and estimated value of uncoded discharges are included. For coded cases, graphs and tables of the number of days from discharge date to case coded date, presented by MDC, DRG and discharge ward are available to examine for particular bottlenecks in the coding process.

## User Acceptance Testing and Suggestions for changes to reporting tool

The current version of the MFTP Qlikview reporting tool is draft so feedback is welcome to make the reports more useful to you. Please use the user-acceptance-feedback form provided when your access is granted.

Training in use of Reporting tool

A user guide will be provided when you request access. Brief training sessions (from the convenience of your hospital, via WebEx) are scheduled as follows, please register for the session that suits you at www.hipe.ie/training:

20th October at 2.30 pm,
**21st** October at 11.30 am or
23rd October at 11.30 am.

Further sessions can be arranged if necessary.
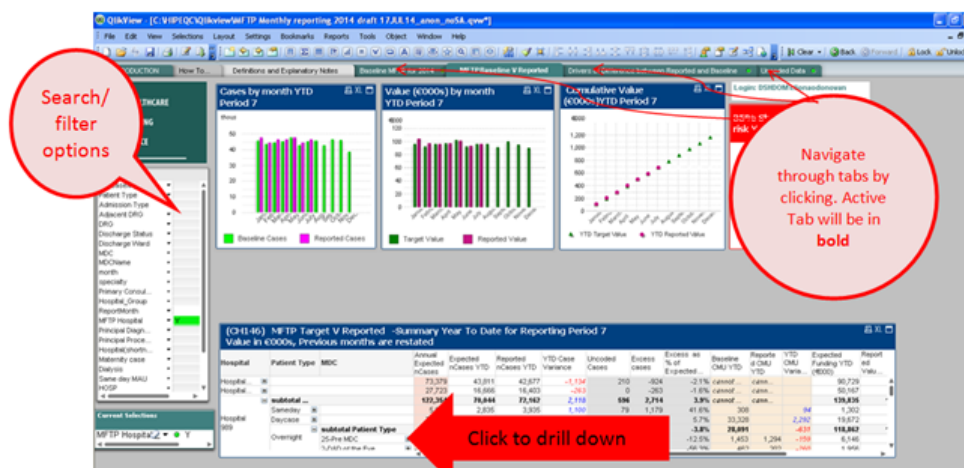
Monitoring of Checker© Use

The HPO now monitors when the Checker© was last run by each hospital submitting HIPE data. As part of the monthly coverage reports produced by the HPO, use by hospitals of the Checker© tool is also monitored as an indicator that data quality activities are being undertaken at hospital level. It is recommended that the Checker© is run in every hospital at least once a month and preferably prior to export so that corrections can be made as necessary at an early stage. We would also encourage all hospitals to run the Checker© programme prior to export as this

will cut down on queries being returned to hospitals at a later stage when maybe the charts or patient information is not as readily available. The Checker© tool is available in the HIPE portal and user instructions are also provided in the Checker tool itself. Training sessions in the Checker will be held (via WebEx) on the 19th November and additional sessions can be arranged subject to demand. We will contact all hospitals with further details on this training over the coming weeks.
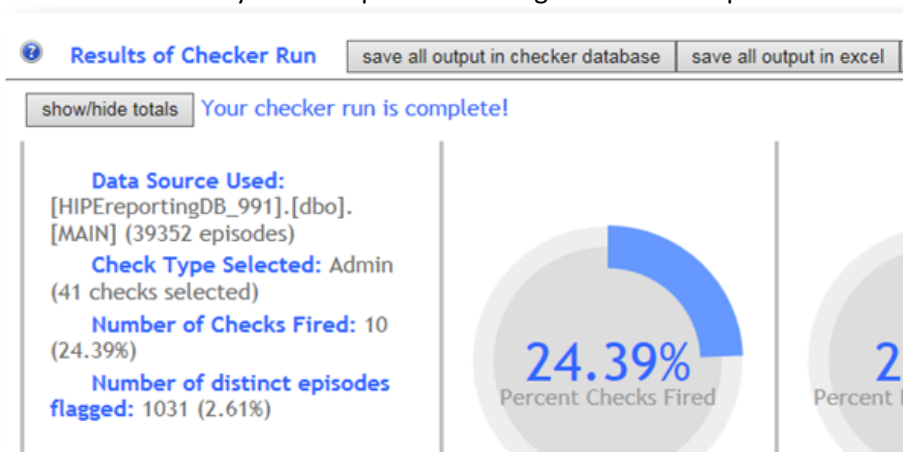
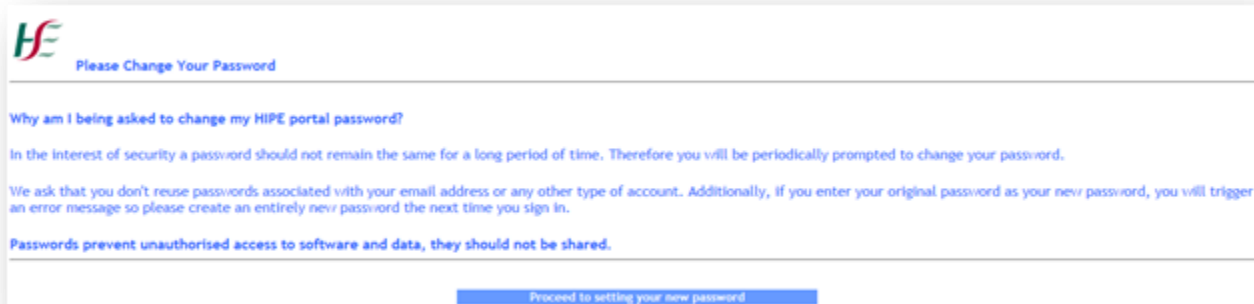# Upcoming HIPE Portal Reporter Training

Reporter training is open to all working within the system who are using HIPE data through the HIPE Portal or through the HOP. Please complete the online training form at: **www.hipe.ie/training**

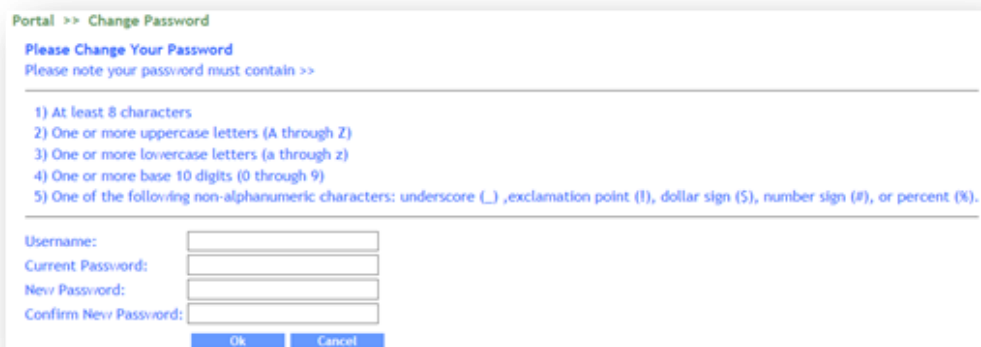| Date	Time	Topic	Mode of Delivery
HIPE Reporter Training			
Tue 7th October	10:30 – 12:30	**Portal Reporter Training [Part I]** Introduces Coders of levels of experience to the HIPE Portal Reporter.	WebEx
Wed 8th October	10:30 – 12:00	**Portal Reporter Training [Part II]** Builds on the knowledge gained in Part I of the course.	WebEx
Thu 9th October	10:30 – 12:00	**Using Scripts & Extracts in the Portal Reporter** Introduces more advanced Reporter features, focusing on the use of Scripts and Extracts.	WebEx
Reporter training at the ESRI Building			
Tue 14th October	10:00 – 13:00	**Portal Reporter Training (Morning Session)** This course covers the same content as the WebEx courses above and gives coders the opportunity to use the Reporter software and is suitable for Coders of all levels of experience.	ESRI
Tue 14th October	13:30 – 16:30	**Same course as above (Afternoon option)**	ESRI

HIPE Portal Password Expiration Feature

In version 1.14.1 a password expiration feature has been introduced to further enhance the security of the HIPE Portal. What this means for you as a Portal user is that you will be required to change your password every 30 days.
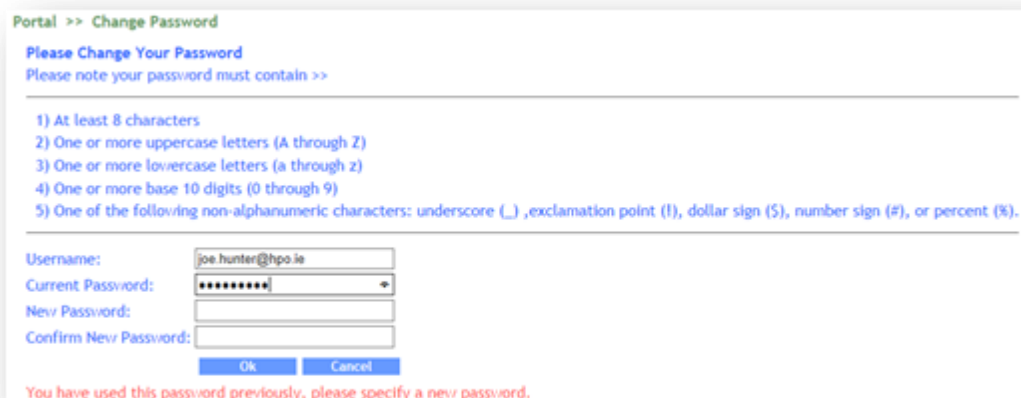
When your current password has expired you will be presented with the following screen on login:

Clicking the "Proceed to setting your new password" button presents the screen below where you are prompted to enter your username, current/expired password and new password.

The new password that you enter must not include any of the previous passwords you have used before. If you do use a previous password you will receive an error as displayed below.

Cracking the Code

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

Q. A patient was admitted with spontaneous rupture of membranes (SROM) at 35 weeks, CTG showed no contractions. She was discharged home without delivery. Patient came in a couple of weeks later for artificial rupture of membranes (ARM) and delivery. Please advise on the diagnoses codes to assign for the first episode of care?

A. We advise assigning codes O42.9 *Premature rupture of membranes, unspecified* and O09.5 *Duration of pregnancy, 34-36 completed weeks.*

Q. Could you please advise on the diagnoses codes to assign for a patient who presented with chest pain and weakness. The diagnosis after study was pre-syncope episode/attack. Should I code this to the presenting symptoms i.e. chest pain and weakness or should I code it to syncope?

A. We suggest that you code to presenting symptoms as the term "pre-syncope episode" is not classified and syncope itself is a symptom code.

Q What procedure code is assigned for Transcervical Resection of the Endometrium (TCRE)

A. TCRE is known as a first generation ablation technique. We suggest that the appropriate code to assign is 35622-00 [1263] *Endoscopic endometrial ablation*

See http://www.ouh.nhs.uk/patient-guide/leaflets/files%5C100713tcre.pdf for more information.

Q. What diagnosis and procedure codes should I use for elliptical diathermy excision of perineal ulcer?

A. In the absence of any further information we suggest that appropriate codes to assign are:

Diagnosis: L98.4 *Chronic ulcer of skin, not elsewhere classified*

Procedure: 30195-00 [1612] Curettage of lesion of skin, single lesion

ACHI Index look up:

       Diathermy,
      -Lesion
      --Skin
      ---with curettage single lesion

Q If a patient comes in for a knee arthroscopy with debridement of meniscus what is the appropriate code for this? I can find a code for arthroscopy of knee with debridement but not debridement of the meniscus.

A. We suggest that appropriate code to assign is 49558-00 [1503] *Arthroscopic debridement of knee* as there is no modifier for debridement of meniscus. Please check if a meniscectomy was performed and code to that procedure if performed.

Q. If a patient comes in for a knee arthroscopy and partial meniscectomy can I code it to arthroscopy with meniscectomy as there isn't a code for partial?

A. We suggest 49560-03 [1503] *Arthroscopic meniscectomy of knee*
ACHI Index look up:
At the main term
Meniscectomy
-knee
--arthroscopic, modifiers include (total) and (partial).

Q. What procedure code is assigned for Canalplasty of the ear?

A. Please assign procedure code 41521-00 [304] *Correction of auditory canal stenosis* for this procedure

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Q. Please advise on the procedure code to assign for "excision of ? Lipoma from left buttock". The histology states 'the overall appearance is more in keeping with myxolipoma'. The code for this is D17.9 *Benign lipomatous neoplasm, unspecified.* What procedure code should I use for excision of myxolipoma? It doesn't mention that this was a skin lesion.

A.The diagnosis is bringing this condition to a benign neoplasm of the skin, D17 code range – and in the absence of any information as to the tissue type we advise assigning a code for excision lesion skin and subcutaneous tissue - 31235-03 [1620] *Excision of lesion(s) of skin and subcutaneous tissue of leg.* Please check for further information regarding the tissue type excised.

Q. A patient was admitted with Spontaneous Pneumothorax and underwent a VATS (3 port) apical and medial bullectomy and talc pleurodesis. What are the codes for this procedure please?

A: VATS is Video Assisted Thorascopic Surgery. We suggest that appropriate codes to assign are:
38440-00 [551] *Wedge resection of lung* (for the bullectomy) and 90171-00 [556] *Endoscopic pleurodesis* (for the VATS and pleurodesis)

Cracking the Code

A selection of 6th edition ICD-10-AM Queries

Q. What are the correct codes (external cause codes) for fractured ribs sustained during CPR?

A. We suggest that appropriate codes to assign are:

> T81.8 *Other complications of procedures, not elsewhere classified*
> Fracture ribs – depending on number
> Y65.8 *Other specified misadventures during surgical and medical care*
> Y92.22 *Health service area*

Also please assign the Hospital Acquired Diagnosis flag if this occurred during the admission but was not present on admission – see ICS 0048 *Hospital acquired diagnosis indicator*

Q How is a Mantoux test for tuberculosis coded?

A. There is no ACHI code for Mantoux testing and this procedure is not to be coded.

The coding of the diagnosis will depend on the results of the tests and whether the patient has any symptoms:

Assign Z11.1 *Special screening examination for respiratory tuberculosis* if the patient does not have TB and is asymptomatic

If the patient has symptoms e.g. cough or enlarged lymph nodes then code the symptoms.

If the results are positive for TB than the condition will be coded.

Q. What code is assigned for POEMS syndrome?

A. Clinical advice, previously sought, regarding the coding of this condition was as follows: POEMS stands for Polyneuropathy, Organomegaly, Endocrinopathy, M-Protein and Skin changes. It is a connective tissue disease and some people consider it to be a variant of systemic sclerosis. There are a number of closely related disorders called connective tissue disease - dermatomyositis, systemic lupus erythematosis, systemic sclerosis etc. which really represent different clinical presentations of autoimmune disease.

Classification:
As per ACS 0005 *Syndromes* assign M35.9† *Systemic involvement of connective tissue, unspecified* and G63.5* *Polyneuropathy in systemic connective tissue disorders*. (Look up Polyneuropathy, in, connective tissue systemic disorder)

The following codes are also to be assigned if these manifestations are present: E34.8 *Other specified endocrine disorders*, R77.8 *Other specified abnormalities of plasma proteins*. Also code any other manifestations of the syndrome such as organomegaly e.g. hepatomegaly or splenomegaly.

Q. Could you please advise on the correct code for "Pulsed Methyl Prednisilone Infusion" for Ophthalmology

A. Please assign 96199-03 [1920] *Intravenous administration of pharmacological agent, steroid* for this procedure.

Q. What procedure code would you use for Bioabsorbable vascular scaffold? It was performed along with a coronary angiogram.

A. This type of drug eluting device holds the walls of the vessel open and is absorbed by the body after a period of time. please see the following link for information on this procedure http://circ.ahajournals.org/content/123/7/779.full

Code as for stenting of coronary artery:

38306-00 [671] *Percutaneous insertion of 1 transluminal stent into single coronary artery* if single scaffold

38306-02 [671] *Percutaneous insertion of ≥ 2 transluminal stents into multiple coronary arteries* if multiple.

And also code the coronary angiography.

Q. Please advise on the diagnoses codes to assign for a patient who was suffering from upper GI bleed. An OGD was performed and it revealed Cameron's Ulcer with Hiatus hernia. The diagnosis given for the cause of the GI bleed was the Ulcers.

A. As there is no specific code for Cameron's Ulcer, we suggest that appropriate codes to assign are K44.9 *Diaphragmatic hernia without obstruction or gangrene* and K25.4 *Gastric ulcer, chronic or unspecified with haemorrhage.*

Do you have a coding query?

Please email your query to: hipecodingquery@hpo.ie. To answer your query we need as much information as possible, please use the Coding Help Sheet as a guide to the amount of detail required, available at: **www.hpo.ie/find-it-fast**

Upcoming Courses

8th Edition Phase 1

Booking is now open at www.hpo.ie. Please book early to ensure you get the most convenient location to you.
All coders must attend this training in person.

Coders of all levels must attend	
Location	Date
Dublin – ESRI Building	Tuesday 4th November
Dublin – ESRI Building	Wednesday 5th November
Galway – Ardilaun	Wednesday 12th November
Sligo General Hospital	Thursday 13th November
Cork – Mercy Hospital	Wednesday 19th November
Limerick—Midwest Regional Hospital	Monday 24th November

Special thanks to the hospitals who are providing training facilities for these courses.

Coding Skills IV - Same-day Endoscopies

This course is part of core training for new Coders. But this course is also open to all HIPE Coders at all levels of experience. There are very specific guidelines around the coding of endoscopies and this course will go through these in detail.

Date: Wednesday, 15th October

Time: 10.30am – 1pm

Location: ESRI building & WebEx

To apply for any of the advertised courses, please complete the online training form at:
www.hipe.ie/training
To inform us of any training requirements, please send an email to
hipetraining@hpo.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: info@hpo.ie

See the 'Find it Fast' section of the HPO website for easy access.

www.hpo.ie/find_it_fast/

Anatomy & Physiology
Haematology

This course is open to all HIPE coders.

This course will be delivered by a specialist speaker

Date: Thursday 6th November
Time: 11am – 1pm
Location: WebEx Only

Anatomy & Physiology
ENT

This course is open to all HIPE coders.
This course will be delivered by a specialist speaker

Date: Thursday 6th November
Time: 2pm—4pm
Location: WebEx Only

Phase 2
2 days January 2015

Phase 2—January 2015- 2-Day Coders of all levels must attend	
Locations - TBA	Date
Dublin	Tue 13th & Wed 14th Jan
Dublin	Thurs 15th & Fri 16th Jan
Galway	Mon 19th & Tue 20th Jan
Cork	Thurs 22nd & Friday 23rd Jan

Booking on line not available yet until locations finalised.
All coders must attend this training in person.

Thought for Today

If you are patient in one moment of anger,

You will escape a hundred days of sorrow.

Chinese Proverb.