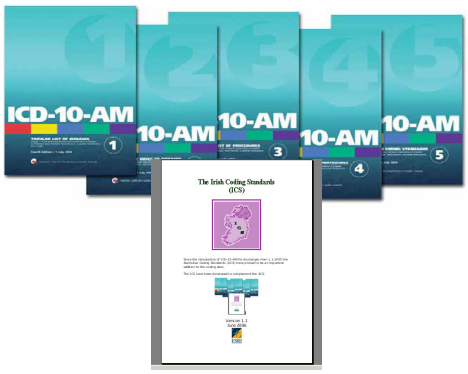
Irish Coding Standards V1.3
(ICS)



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ESRI

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Contents

The Irish Coding Standards (ICS)

INTRODUCTION

The *Irish Coding Standards* for the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM) apply to all activity coded in HIPE in Ireland. It is anticipated that revisions will be made on an ongoing basis and that further editions will follow. Irish Coding Standards (ICS) are effective from the date first published unless otherwise stated.

This document provides guidance and instruction on all aspects of HIPE data collection. The intention is to provide clarity and standardization as necessary. This document will be used in conjunction with the source document (chart), the ICD-10-AM classification, Coding Notes and all instruction materials distributed by the HIPE Unit at the ESRI. It is the responsibility of coding staff to keep up to date with ICS and coding advice published in Coding Notes. ICS include advice published in Coding Notes.

CLINICAL CODING

The clinical coding standards have been written with the basic objective of satisfying sound coding convention according to ICD-10-AM and to augment, clarify or replace the Australian Coding Standards as appropriate. Many of the issues addressed are as a direct result of input and feedback from the Irish clinical coding community.

The clinical record will be the primary source for the coding of inpatient and day case morbidity data. Accurate coding is possible only after access to consistent and complete clinical information. If a clinical record is inadequate for complete, accurate coding, the clinical coder should seek more information from the clinician. When a diagnosis is recorded for which there is no supporting documentation in the body of the clinical record, it may be necessary to consult with the clinician before assigning a code.

The responsibility for recording accurate diagnoses and procedures, in particular principal diagnosis, lies with the clinician, not the clinical coder.

***A joint effort between the clinician and clinical coder is essential to achieve complete and accurate documentation, code assignment, and reporting of diagnoses and procedures*.**

Source: Australian Coding Standards. NCCH ICD-10-AM, July 2004, Vol 5, P.1:

For further information on any aspect of HIPE please contact;

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The HIPE Instruction Manual contains full instructions and details of demographic and administrative data elements collected in HIPE. Further information on any of the fields discussed below will be found in this document. It is available from the HIPE Unit and also at www.esri.ie.

TEMPORARY LEAVE DAYS

For all discharges occurring on or after 1st January 2007 HIPE will collect the number of days a patient is allowed to go home temporarily during an inpatient stay. Typically the pattern for these discharges would be weekly (i.e. weekend leave).

Coders will determine the number of days where the patient was absent from the hospital. There will be a single HIPE record to include the total length of stay in days from the patient's original admission to the final discharge, with the number of temporary leave days entered as appropriate. Where a PAS/HIS downloads a series of cases and it is clear the patient was only temporarily discharged, these cases will be merged into one episode with the number of temporary leave days counted and collected in W-HIPE.

WARD IDENTIFICATION

For all discharges occurring on or after 1st January 2007 the collection of ward identification codes will be mandatory. The admitting and discharge ward codes will be collected for all cases.

MEDICAL ASSESSMENT UNITS (MAU)

Prior to coding Medical Assessment Unit (MAU) activity, hospitals must register MAU's with the Department of Health & Children.

> **Emergency MAU activity:**
> HIPE collects registered MAU activity using the "Mode of Emergency Admission" field. The options for collecting MAU activity are:
>
> Mode of emergency admission "2": MAU Admitted as Inpatient
> This code is assigned if the patient is admitted to the hospital through the MAU.
>
> Mode of emergency admission "5": MAU Day Only
> This code is assigned if the patient is admitted to the MAU and discharged from there on the same day.

While it is expected that the majority of cases in a Medical Assessment Unit (MAU) will be admitted as emergency, it has been noted that it is possible that both Elective and Emergency cases may attend a MAU.

Elective MAU activity:
Elective daycases who attend the MAU will not be identified in this manner as the mode of emergency admission is not collected. Elective admissions to registered MAUs will record an elective admission type. The admitting ward will record the MAU ward code and the discharge ward will be coded as appropriate.

Note: *Once a Medical Assessment Unit has been registered with the Casemix Unit in the HSE, contact the HIPE Unit IT Department to activate MAU W-HIPE options.*

PATIENTS DISCHARGED AND RE-ADMITTED ON THE SAME DAY

Patients admitted to hospital having been discharged the same day must record an admission type of emergency or elective re-admission if the episode is related to the previous spell of treatment. If a daycase patient is admitted to the hospital from the dayward or 'kept in' then *the two cases are merged*, as the patient was not discharged from the hospital following the daycase.

DAY WARD REGISTRATION

All day ward areas must be registered with the Department of Health & Children in order to record the day ward indicator.

Day Ward Indicator
If the patient is identified as a day case it is necessary to denote whether the patient was admitted to a dedicated named day ward. The options presented will be:

0 - No **1** – Yes **2** - Unknown.

Hospitals must register their dedicated day wards with the Casemix Unit of the HSE prior to using this facility.

INFANT ADMISSION WEIGHT

For patients aged less than 1 year of age, admission weight is collected in the following circumstances:

- All neonates (0-27 days old)
- All infants up to 1 year of age **with** admission weight *less than 2,500 grams.*

The value collected will be the weight in whole grams on admission. If the patient is admitted on the day of birth, the admission weight will be the birth weight.

HOSPITAL ACTIVITY NOT COLLECTED BY HIPE

Activity not currently collected by HIPE includes out-patient activity, virtual wards and A&E cases.

General Standards For Diseases (00--)

ICS 0010 GENERAL ABSTRACTION GUIDELINES

Abnormal findings

As per **ACS 0010** General Abstraction Guidelines 'Do not code laboratory, x-ray, pathological and other diagnostic results which require the interpretation of the treating clinician to decide their clinical significance and/or relationship to a specific condition.'

Example 1:

A patient has Hb 8.8 documented in the clinical notes and is given a blood transfusion. A code for anaemia would **not** be assigned in this case unless the condition is clearly documented by the treating clinician.

Ensure that any diagnosis is clearly described in the medical record before assignment of a code.

Published:	Coding Notes July 2006
Effective From:	Guideline has been in place with all classifications used in Ireland
Reason For Standard:	ICS 0010 is a continuation of existing practice

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ICS 0027 MULTIPLE CODING

Consultant Numbers

If a patient is admitted to hospital and seen by two consultants for the same condition while in hospital, the diagnosis code may be recorded twice with a different consultant number assigned to each code. This is not a mandatory requirement of HIPE.

Reason For Standard:	ICS 0027 is a continuation of existing practice.

General Standards For Procedures (00--)

ICS 0029 CODING OF CONTRACTED PROCEDURES

Contract procedures are not coded. Only code the procedure in the hospital where it is performed.

Reason For Standard: ICS 0029 is a continuation of existing practice.

ICS 0030 ORGAN PROCUREMENT AND TRANSPLANTATION

Donation of organs following brain death in hospital is not coded.

Reason For Standard: ICS 0030 is a continuation of existing practice.

ICS 0042 PROCEDURES NORMALLY NOT CODED

ACS 0042 *Procedures normally not coded* states:

These procedures are normally not coded because they are usually routine in nature, performed for most patients and/or can occur multiple times during an episode. Most importantly, the resources used to perform these procedures are often reflected in the diagnosis or in an associated procedure. For example:

- x-ray and application of plaster is expected with a diagnosis of Colles' fracture
- intravenous antibiotics are expected with a diagnosis of septicaemia
- cardioplegia in cardiac surgery

That is, for a particular diagnosis or procedure there is a standard treatment which is unnecessary to code.

1. **Application of plaster**
2. **Cardioplegia**
   Code only when **not** associated with cardiac surgery, e.g. neurosurgery
3. **Cardiotocography (CTG)**
   Code if fetal scalp electrodes are applied
4. **Dressings**
5. **Drug treatment**
   Drug treatment should not be coded unless the substance is given as the principal treatment in same-day episodes of care (eg chemotherapy for neoplasm or HIV) or is specifically addressed in a coding standard (see ACS 1316 *Cement spacer/beads* and ACS 1615 *Specific interventions for the sick neonate*)
6. **Echocardiogram**
   Code transoesophageal echocardiogram

7. **Electrocardiography (ECG)**
   Code patient activated implantable cardiac event monitoring (loop recorder)
8. **Electromyography (EMG)**
9. **Hypothermia**
   Code only when **not** associated with cardiac surgery
10. **Insertion of pacing wires**
    Code only when **not** associated with cardiac surgery
11. **Monitoring: cardiac, electroencephalography (EEG), vascular pressure**
12. **Nasogastric intubation**
13. **Perfusion**
    Code only when **not** associated with cardiac surgery
14. **Postprocedural urinary catheteristation**
    Code if patient discharged with catheter in situ
    Code suprapubic catheterisation
    (see ACS 0016 *General procedure guidelines*)
15. **Primary suture of surgical and traumatic wounds**
    Code only for traumatic wounds which are not associated with an underlying injury (eg suture of lacerated forearm would be coded if there is no other associated injury)
16. **Procedure components**
17. **Stress test**
18. **Traction**
    Code if traction is the only procedure performed
19. **Ultrasound**
20. **X-rays without contrast (plain)**
21. **Collection of blood for diagnostic purposes**

Collection of blood for diagnostic purposes, is added by ICS 0042 to the list of procedures not normally coded provided in this standard.

HIPE COLLECTION OF HAEMOCHROMATOSIS AND VENESECTION

- Daycase admissions of patients with a diagnosis of haemochromatosis admitted for venesection may be coded if the activity occurs in an area where activity is normally collected by HIPE e.g. designated dayward.
- V*enesection for haemochromatosis patients performed in out-patient or clinic type settings are not to be coded on HIPE.*
- Where venesection is performed in a MAU (Medical assessment unit) the MAU must be registered with the Department of Health and Children in order to collect MAU activity.
- Patients admitted as inpatients with a principal or secondary diagnosis of haemochromatosis are coded according to existing coding guidelines for inpatients.

ICD-10-AM codes for Haemochromatosis and venesection:

Diagnosis: E83.1 *Disorders of iron metabolism*
Haemochromatosis

Procedure: 13757-00 [725] *Therapeutic venesection*

ICS Effective From:	July 2006
Advice First Published:	Coding Notes April 2005
ICS Updated:	January 2007 to include guideline for collection of haemochromatosis and venesection.
Reason For Standard:	Collection of blood is a standard treatment that is unnecessary to code.

ICS 0044 CHEMOTHERAPY

Oral chemotherapy is coded when administered.

Effective From:	January 2005 (as code available in ICD-10-AM). Information on coding this procedure provided in ICD-10-AM pre-implementation workshops
Reason for Standard:	Collection of hospital activity

Chapter 1 Certain Infectious and Parasitic Diseases (01--)

ICS 0112 INFECTION WITH DRUG RESISTANT MICROORGANISMS

The abbreviation M.R.S.A. has two different meanings and therefore two different code assignments. Please check locally to see which definition is in use at your hospital.

Methicillin Resistant *Staphylococcus aureus* (Z06.32)

OR

Multi-Resistant *Staphylococcus aureus* (Z06.8)

Coding of colonisation with a drug resistant bacterial agent

If a patient has a positive swab for a drug resistant bacterial agent but no infection is present as per ACS 0112 *Infection with drug resistant microorganisms*, then the following additional diagnoses codes may be assigned:

Z22.3 *Carrier of other specified bacterial disease*
Z06.- *Bacterial agents resistant to antibiotics*

These codes will only be assigned if they meet the criteria in ACS 0002 *Additional diagnosis*.

Example 1

A patient is admitted with inferior myocardial infarction. Routine swab is positive for methicillin resistant staphylococcus aureus, which leads to increased barrier nursing care.

Codes: I21.1 *Acute transmural infarction of inferior wall*
Z22.3 *Carrier of other specified bacterial diseases*
Z06.32 *Methicillin resistant agent*

First Published:	Coding Notes July 2005
Published Also:	Coding Notes December 2005
Reason For Standard:	This Standard provides coding advice on colonisation with a drug resistant bacterial agent when no infection is present. Coding advice follows guidelines used in previous classifications.

Chapter 2 Neoplasms (02--)

ICS 0233 MORPHOLOGY

Morphology codes are not assigned in Ireland.

Reason For Standard: ICS 0233 is a continuation of existing practice.

Chapter 10 Diseases of the Respiratory System (10--)

ICS 10X1 AVIAN INFLUENZA

Since January 2007 the following code is available:

J09 Influenza due to identified avian influenza virus
Influenza caused by influenza viruses that normally infect only birds and, less commonly, other animals.

Effective From: Discharges on or after 1st January 2007

ICS 1006 RESPIRATORY SUPPORT

Continuous ventilatory support (CVS)

If ventilation is initiated before admission e.g. CVS initiated in A&E, ambulance, scene of accident etc., do not code the initiation of ventilation.

Any CVS conducted prior to admission to a ward is not to be included in the calculation of duration of ventilation.

See also *Guidelines on Hospital Activity Not Collected by HIPE*, Irish Coding Standards page 6.

Effective from:	Continuation of existing practise
Reason for standard:	Continuation of existing practise for HIPE to collect data on *admitted* in-patients and daycases only. This standard provides clarification of ACS 1006 for use In Ireland.
First Published:	ICS V1.3 January 2008

Chapter 14 Diseases of the Genitourinary System (14--)

ICS 1404 ADMISSION FOR RENAL DIALYSIS

Dialysis day discharges

Patients admitted for dialysis in dedicated dialysis units have been collected by the HIPE system since 1st January 2006. These episodes were previously excluded from HIPE. In order to provide national data regarding the volume of patients receiving dialysis the Department of Health & Children have requested that this activity be collected by HIPE.

Coding of dialysis day discharges

ACS 1404 *Admission for renal dialysis* must be applied when coding renal dialysis episodes. This will ensure that all patients admitted for dialysis, where the intent is a same day admission, can be identified by the principal diagnosis code of Z49.1 *Extracorporeal dialysis* for extracorporeal dialysis or Z49.2 *Other dialysis* for peritoneal dialysis. The term "extracorporeal dialysis" used in ACS 1404 refers to haemodialysis as this type of dialysis takes place "outside" the body while peritoneal dialysis takes place within the body.

Mandatory codes for dialysis day discharges are as follows:

Haemodialysis

Principal Diagnosis:	Z49.1 *Extracorporeal dialysis*
Principal Procedure:	From block [1060] *Haemodialysis*

Peritoneal Dialysis

Principal Diagnosis:	Z49.2 *Other dialysis (peritoneal)*
Principal Procedure:	From block [1061] *Peritoneal dialysis*

Additional codes may be assigned to collect the underlying renal disease. Any additional conditions or complications are collected at the hospital's discretion as HIPE intends to identify the number of dialysis episodes and the type of dialysis given. Due to the volume of dialysis episodes per patient a batch coding program has been developed to facilitate the collection of these cases, please contact the HIPE Unit for further information on this software.

Effective From:	January 2006
First Published:	Coding Notes December 2005
Reason For Standard:	Coding of day episodes for dialysis commenced in Ireland in January 2006, this ICS provides coding advice for this type of admission.

Chapter 15 Pregnancy, Childbirth And The Puerperium (15--)

ICS 15X0 PRINCIPAL DIAGNOSIS SELECTION FOR OBSTETRIC CASES

Chapter 15 of the ACS provides a number of standards relating to the assignment of principal diagnosis, in particular ACS 1515 Antepartum condition with delivery and ACS 1530 Premature delivery. If none of these standards apply, ACS 0001 *Principal diagnosis* will be followed.

In obstetric cases, the reason for admission is for the safe delivery of the baby and, therefore, in most instances the principal diagnosis will be based on the sequence of events surrounding the delivery. However, there may be some exceptions to this, therefore, coders should follow ACS 0001 *Principal diagnosis* for code assignment.

Effective From:	January 2005
First Published:	Coding Matters Volume 13 Number 2, September 2006, page 6
Reason For Standard:	Clarification of existing guidelines

ICS 1510 PREGNANCY WITH ABORTIVE OUTCOME

Fetal viability
A livebirth in Ireland is defined as at least 22 weeks gestation.

Reason For Standard: ICS 1510 is a continuation of existing practice.

ICS 1511 TERMINATION OF PREGNANCY

Codes from category O04 *Medical abortion* are only assigned for patients admitted to hospital with a complication following a legal abortion in another state (please see ACS 1544 *Complications following abortion and ectopic and molar pregnancy*).

Reason For Standard: ICS 1511 is a continuation of existing practice.

ICS 15X1 STERILISATION WITH DELIVERY

When a sterilisation is carried out with a delivery, assign the following as an additional diagnosis:

Z30.2 *Sterilisation*

First Published: Coding Notes July 2005
Reason For Standard: ICS 15X1 is a continuation of existing practice.

ICS 15X2 ANTI-D IMMUNOGLOBULIN PROPHYLAXIS AND RHESUS INCOMPATIBILITY / ISOIMMUNISATION

Blood Types
The two most important classifications to describe blood types in humans are 'ABO' and the 'Rhesus factor'. For example, if a patient has ABO group A and a negative rhesus factor, then their blood type will be described as A- (A negative).

Anti-D immunoglobulin prophylaxis
To prevent rhesus isoimmunisation, mothers with a rhesus negative (Rh-) blood type are routinely given an injection of anti-D immunoglobulin at 28 and 34 weeks of their pregnancy. If the mother gives birth to a rhesus positive (Rh+) baby, then a postnatal injection of anti-D immunoglobulin prophylaxis will also be administered.

Classification
If a rhesus negative obstetric patient receives injection of Anti-D during her admission and no condition is documented, the following codes are assigned:

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

Rhesus incompatibility/isoimmunisation
Rhesus (Rh) incompatibility is the condition of a mother with a rhesus negative blood type and a baby with a rhesus positive blood type.

Rhesus (Rh) isoimmunisation occurs when blood cells from a rhesus positive baby enter the bloodstream of a rhesus negative mother causing the mother's immune system to produce antibodies. This is also known as Rh sensitisation. If the mother has a future pregnancy with another rhesus positive baby, then these antibodies can cross the placenta and attack the blood cells of the unborn baby, thus resulting in a condition called haemolytic disease of the newborn. The administration of Anti-D immunoglobulin prophylaxis prevents the development of antibodies in the mother, therefore, rhesus isoimmunisation is a rare condition.

Classification
If a rhesus negative obstetric patient has a documented diagnosis of *rhesus isoimmunisation* or *rhesus incompatibility* the following code is assigned:

O36.0 Maternal care for rhesus isoimmunisation

EXAMPLE
Diagnosis: A mother with an A- blood type (rhesus negative) delivers a healthy live male infant. Cord blood tests reveal the baby's blood type to be A+ (rhesus positive). Rhesus incompatibility is diagnosed and Anti-D injection is administered to the mother.

Codes: O36.0 *Maternal care for rhesus isoimmunisation*
Z37.0 *Outcome of delivery, single live birth*
92173-00 [1884] *Passive immunisation with Rh(D) immunoglobulin*

Effective From:	January 2005
First Published:	Coding Notes, May 2006 & Obstetrics Workshops from 16/5/05
Reason for standard:	Clarification of ICS and clinical terminology

ICS15X3 DEFINITION OF TERMS "EARLY" AND "LATE" USED IN CHAPTER 15 OF THE CLASSIFICATION

Fetal viability in Ireland is defined as 22 completed weeks gestation. In Ireland the definition of the terms early and late used in the ICD-10-AM classification are;

Early or before 20 weeks = up to 21 weeks completed gestation in Ireland
Late or after 20 weeks = 22 completed weeks gestation or more in Ireland

This definition applies:

- where the term **early** or **late** is used in a code
- where the term **20 weeks** is mentioned in a code, **this term is to be interpreted as 22 weeks in Ireland.**

Example:
Code O21.2 *Excessive vomiting after 20 weeks* is to be applied for vomiting after 22 weeks **in Ireland.**

Effective From:	January 2008
Reason for Standard:	Differences between Ireland and Australia in the definition of fetal viability. This standard maintains appropriate use of codes for Irish system.
First Published:	ICS V1.3

Chapter 16 Certain Conditions Originating In The Perinatal Period (16--)

ICS 1607 NEWBORN/NEONATE

Coding of unwell newborns/neonates during the birth episode

Codes from Z38 *Liveborn infants according to place of birth* will be applied only as additional diagnoses to newborns/neonates who are unwell during the birth episode.

On the baby's chart any morbid condition arising during the birth episode will have a code from Z38 *Liveborn infants according to place of birth*, added as an additional diagnosis.

Example 1

Newborn, born in hospital, with hypoglycaemia, vaginal delivery.

Codes: P70.4 *Other neonatal hypoglycaemia*
Z38.0 *Singleton, born in hospital*

Z38 *Liveborn infants according to place of birth* will not be assigned as principal diagnosis as well babies are not coded in Ireland.

Z38 cannot be used when treatment is being provided in second or subsequent admissions.

Example 2

Newborn, readmitted at 7 days of age for ritual circumcision.

Codes: Z41.2 *Routine and ritual circumcision*
30653-00 [1196] *Male circumcision*

Effective From: ICS 1607 is a continuation of existing practice.
First Published: Coding Notes, July 2006.
Reason for Standard: Well babies are not collected by HIPE.

ICS 1611 NEWBORNS ADMITTED FOR OBERVATION WITH NO CONDITION FOUND

Codes from Z38 *live born infant according to place of birth* cannot be assigned as principal diagnosis in Ireland. The code range Z03.7 *observation and evaluation of newborn for suspected condition not found*, is to be used for newborns admitted for observation for a suspected condition that is not found.

Z03.7	**Observation and evaluation of newborn for suspected condition not found CMC**

ACS 1611

Note: This category is to be used for newborns, within the neonatal period (the first 28 days of life), who are suspected of having an abnormal condition resulting from exposure from mother or birth process, but without signs or symptoms, and which after examination and observation, is found not to exist.

Z03.70	Observation for unspecified suspected newborn condition
Z03.71	Observation for suspected newborn infectious condition
Z03.72	Observation for suspected newborn neurological condition
Z03.73	Observation for suspected newborn respiratory condition
Z03.79	Observation for other suspected newborn condition

Effective From:	Continuation of existing practice
Reason For standard:	In keeping with existing national guidelines regarding coding of neonates and with ICS 1607 newborn/neonate.
First Published:	ICS V1.3

Chapter 19 Injuries, Poisoning & Certain Other Consequences of External Causes (19--)

ICS 1901 POISONING

Coding of assault by poisoning

There is no column in the Table of Drugs and Chemicals for external cause of poisoning by assault.

In order to code assault by poisoning assign the following codes;

1. An appropriate code from the poisoning column from the table of drugs and chemicals

   and

2. An appropriate assault code located in the alphabetic index of external causes.

Additional codes for place of occurrence and activity are also assigned according to existing guidelines.

Example 1
Patient collapsed in bar from suspected drink spiking. Toxicology results confirmed rohypnol.

Poisoning by rohypnol:	T42.4 Poisoning by Benzodiazepines
Collapse:	R55 Syncope and collapse
Assault:	X85.09 Assault by drugs, medicaments and biological substances, unspecified person
Place of occurence:	Y92.53 Café, hotel and restaurant
Activity:	U73.9 Unspecified activity

Reason for standard: This standard provides clarification.
First Published: ICS V1.3, January 2008.

ICS 1902 ADVERSE EFFECTS OF DRUGS

A code for place of occurrence (Y92.-) is not required with code range Y40-Y59 *Drugs, medicaments, and biological substances causing adverse effects in therapeutic use*.

First Published: Coding Notes March 2006
Information also provided at ICD-10-AM Pre-Implementation workshop

Chapter 22 Codes for special purposes (22--)

ICS 22X0 SEVERE ACUTE RESPIRATORY SYNDROME

Since January 2007, the following code is available:

U04.9 Severe acute respiratory syndrome [SARS], unspecified

Effective From: Discharges on or after 1st January 2007

NOTES