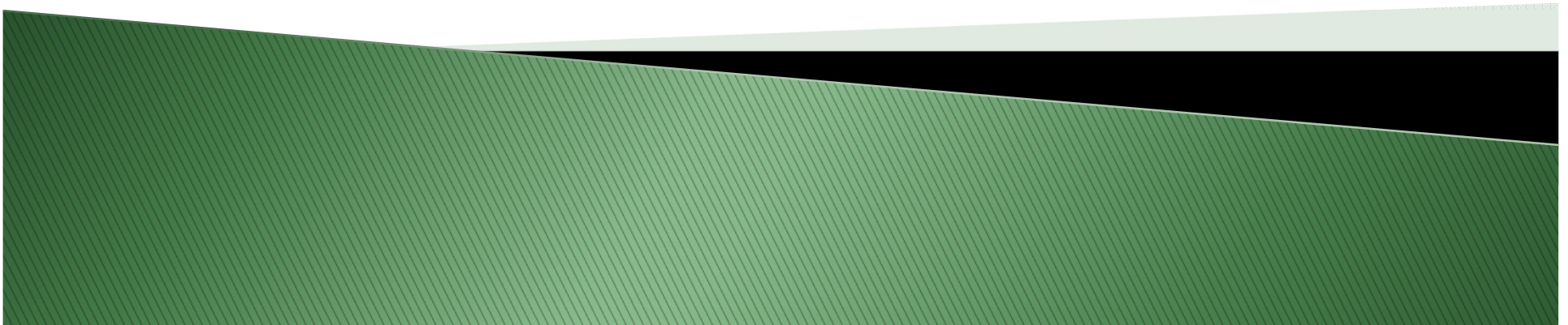


WHAT YOU NEED TO KNOW ABOUT 8TH EDITION

ABF Conference
Wednesday, 27th May 2015



Classifications used in Ireland to date:

- 1969 - 1980 **ICD-8**
- 1981 - 1989 **ICD-9**
- 1990 - 1994 **ICD-9-CM (Oct 88)**
- 1995 - 1998 **ICD-9-CM (Oct 94)**
- 1999 - 2004 **ICD-9-CM (Oct 98)**
- 2005 – 2008 **ICD-10-AM** (4th Edition)
- 2009 – 2014 **ICD-10-AM / ACHI / ACS** (6th Edition)
- 2015 – **ICD-10-AM / ACHI / ACS** (8^h Edition)

OPCS Procedure
classification

8th Edition Training to Date

Phase 1

November 2014 – 7 Courses – 242 attendees

Phase 2

January 2015 – 5 Courses – 240 attendees

Phase 3

Ongoing 2015 – 4 Diabetes workshops - 77 attendees
- 4 Obstetric Workshops - 68 attendees

8th Edition Training to Date

Phase 3 - upcoming **Diabetes**

- Limerick Wednesday 3rd June (Full)
- Mercy Hospital, Cork Friday 19th June (Limited availability)
- Please contact for further training
- Continuous training since January. Currently organising Autumn courses – **including Diabetes for 8th Edition.**

Data Quality

- Edits
- Checker
- Audit – HCAT
- Coding Notes
- Attend training
- Organise local workshops

Data Quality

Know Your Data



General changes

- ❖ General 'tidy up' of the classification as a whole
- ❖ Review of spelling and punctuation for consistency
- ❖ Major enhancements to Obstetrics and DM
 - Obstetric PDx
 - Updated coding rules for DM
 - Major revision of ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*

General changes

- ❖ Emphasis on following ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*
- ❖ Deletion of 63 ACS
 - Replaced with index entries or tabular instructional notes
 - It is more important than ever to follow the Alphabetic Index and Tabular List instructional notes
- ❖ 2 new ACS
 - ACS 0742 *Orbital and periorbital cellulitis*
 - ACS 2114 *Prophylactic surgery*
- ❖ Remember the 5 steps to quality coding

Changes

- Principal Diagnosis
 - Dagger & Asterisk
- Obstetrics
- Diabetes
- Sepsis
- Sunburn
- ACHI – new procedures
- MRSA
- Appendicitis
- ACS 0020 – *Bilateral/Multiple Procedures*
- ACS 0042 – *Procedures normally not coded*
- Conversions Codes
- Respiratory Failure Types

8th Edition changes

Australian Coding Standards

1. Conventions
2. ACS 0001 *Principal diagnosis* – dagger/asterisk
3. ACS 0001 *Principal diagnosis* – obstetrics
4. ICS 0048 *Hospital Acquired Diagnosis*
5. ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*
6. ACS 0402 *Cystic fibrosis*
7. ACS 1615 *Specific interventions for the sick neonate*

8th Edition changes

Australian Coding Standards

8. ACS 0042 *Procedures normally not coded*
9. ACS 0020 *Bilateral/multiple procedures – skin lesions*
10. ACS 0104 *Viral hepatitis*
11. ACS 0110 *Sepsis, severe sepsis and septic shock*
12. ACS 0111 *Healthcare associated Staphylococcus aureus bacteraemia*
13. ACS 2114 *Prophylactic surgery (New)*

8th Edition changes

Diagnoses

1. Anaemia in chronic diseases
2. Neoplasm update – cancer of unknown primary
3. Neoplasm update – leukaemia & lymphoma
4. Respiratory failure, type I and type II
5. Sunburn

8th Edition changes

Diagnoses contd.

6. Atrial fibrillation
7. Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
8. Duration of pregnancy
9. Haemorrhoids
10. Hernia
11. Resistance to antimicrobial and antineoplastic drugs

8th Edition changes

ACHI

1. Insertion of seeds/fiducial markers into prostate
2. Percutaneous heart valve replacement
3. Laparoscopic colectomy & ileocolic resection
4. Coronary artery procedures
5. Transcatheter thrombectomy of intracranial arteries

8th Edition changes

ACHI cont.

6. Endoluminal fundoplication (ELF)
7. Procedures for obesity
8. Sacral nerve stimulation (SNS)
9. Minimally invasive procedures proceeding to open procedures
10. Sentinel lymph node biopsy (SLNB)

ACS 0001 *Principal diagnosis*



- ❖ ACS 0001 *Principal diagnosis*
 - Changes to the dagger (†)/asterisk (*) convention

AETIOLOGY AND MANIFESTATION CONVENTION (THE 'DAGGER AND ASTERISK' SYSTEM)

Sequence the aetiology and manifestation (dagger and asterisk) codes according to the principal diagnosis definition. While dagger and asterisk pairs are always shown with the aetiology code sequenced first in the Alphabetic Index, either code can be assigned as the principal diagnosis (see also ICD-10-AM Tabular List: *Conventions used in the Tabular List of Diseases/Aetiology and manifestation convention (the 'dagger and asterisk' system)*).



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Health Service Executive

ACS 0001 *Principal diagnosis*



- ❖ New section for obstetric principal diagnosis
 - Detailed review in January workshops

OBSTETRICS

Where the patient is admitted for delivery such as 'in labour', 'for induction', 'for caesarean', and the outcome is delivery, assign a code from category [O80–O84 Delivery](#) as the principal diagnosis, followed by the reason for any intervention and then any other conditions and/or complications that meet the criteria for assignment as per [ACS 0002 Additional diagnoses](#).

Where the patient is admitted for management of an antepartum condition, assign the antepartum condition as the principal diagnosis. If the patient delivers during the episode of care, assign a code from [O80–O84 Delivery](#) as an additional diagnosis.

Where there is difficulty in determining the principal diagnosis in obstetric cases with an outcome of delivery, assign a code from category [O80–O84 Delivery](#) as the principal diagnosis.

See also specific standards within [Chapter 15 Pregnancy, childbirth and the puerperium](#).



Main changes:

- ▶ Maintaining the primacy of ACS 0001 *Principal diagnosis*:
 - Incorporation of WHO ICD-10 delivery codes O83 and O84
 - Assignment of other codes from Chapter 15 with O80-O84
 - Amendments to ACS 0001 *Principal diagnosis*

Additional codes:

Delivery (080–084)

080	Single spontaneous delivery	
081	Single delivery by forceps and vacuum extractor	
082	Single delivery by caesarean section	
083	Other assisted single delivery	← New code categories
084	Multiple delivery	

Code categories from WHO ICD–10 have been included

Sepsis, severe sepsis and septic shock

- ❖ Sepsis is defined as SIRS with infection
 - Sepsis
 - Severe sepsis
 - Septic shock
- ❖ New code for septic shock

R57.2 Septic shock

▽ 0110

Code first the underlying local or generalised infection

Use additional code(s) to identify specific acute organ failure

Sepsis, severe sepsis and septic shock

R65 Systemic inflammatory response syndrome [SIRS] CR

▽ 0110

Note: This category is for use in multiple coding to identify SIRS resulting from any cause. A code from another chapter should be assigned first to indicate the cause or underlying disease.

R65.0 Systemic inflammatory response syndrome [SIRS] of infectious origin without acute organ failure CHADx

R65.1 Systemic inflammatory response syndrome [SIRS] of infectious origin with acute organ failure CR

CHADx

Severe sepsis

Use additional code(s) to identify type of acute organ failure

R65.2 Systemic inflammatory response syndrome [SIRS] of noninfectious origin without acute organ failure

R65.3 Systemic inflammatory response syndrome [SIRS] of noninfectious origin with acute organ failure

Use additional code(s) to identify type of acute organ failure

Neoplasms

❖ New codes

*C79.9 Secondary malignant neoplasm,
unspecified site*

*C80.0 Malignant neoplasm, primary site
unknown, so stated*

C80.9 Malignant neoplasm, unspecified

Tabular changes:

D63* is now a three character code

D63*

Anaemia in chronic diseases classified elsewhere

~~D63.0~~
~~*~~

~~Anaemia in neoplastic disease~~
~~Conditions in Chapter 2 (C00-D48†)~~

~~D63.8~~
~~†1438~~
~~*~~

~~Anaemia in other chronic diseases classified elsewhere~~
~~Conditions in chronic kidney disease ≥ stage 3 (N18.3-N18.5†)~~

Note: Both D63.0 & D63.8 codes have been deleted

Summary of Diabetes changes

❖ Review of ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*

- More emphasis on following ACS 0001/ACS 0002
- Less clinical information - shorter
- Revision of guidelines for assigning

E1-.71 *DM with multiple microvascular and other specified nonvascular complications*

E1-.72 *DM with features of insulin resistance*

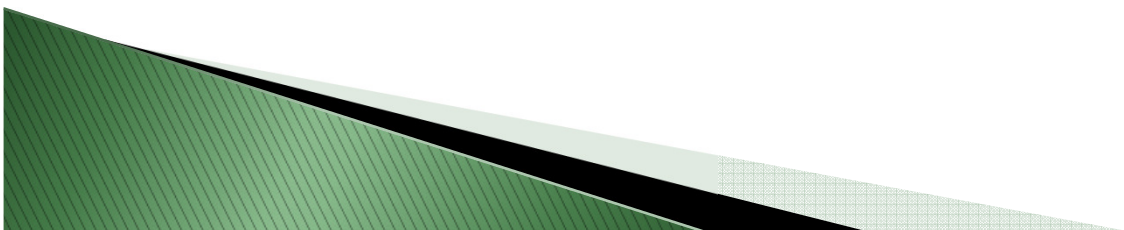
E1-.73 *DM with foot ulcer due to multiple causes*

Summary



❖ Coding rules

- Rule 1 – always code DM when documented
- Rule 2 – indexing and causal relationships
 - Documentation of diabetic, due to, secondary to
- Rule 3 – indexing and complications
 - No documentation of relationship (with)
- Rule 4a – assigning all the 'E' codes
- Rule 4b – assigning 'other chapter' codes
- Rule 5 – sequence other causes before DM
- Rule 6 – combination codes



Respiratory Failure

- ❖ J96 *Respiratory failure, not elsewhere classified* has been expanded;
 - New fifth characters

J96 Respiratory failure, not elsewhere classified

Excludes: cardiorespiratory failure (R09.2)
postprocedural respiratory failure (J95.-)
respiratory:

- arrest (R09.2)
- distress:
 - in newborn (P22.-)
 - syndrome of adult (J80)

The following fifth character subdivisions are for use with subcategories J96.0–J96.9:

- ★ 0 Type I [hypoxic]
- ★ 1 Type II [hypercapnic]
- ★ 9 Type unspecified

Chronic haemorrhagic gastritis



- ❖ New fifth character codes at K29.2 – K29.9 (*Gastritis and duodenitis*)
 - Without haemorrhage
 - With haemorrhage

Acute appendicitis



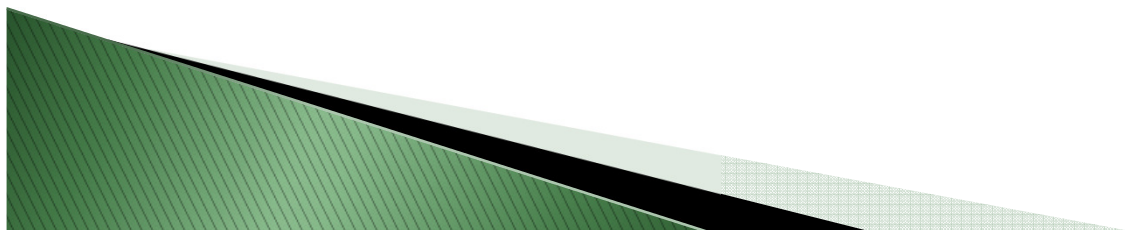
❖ New codes

K35.2 *Acute appendicitis with generalised peritonitis*

K35.3 *Acute appendicitis with localised peritonitis*

K35.8 *Acute appendicitis, other and unspecified*

❖ Deletion of ACS 1101 *Appendicitis*



Haemorrhoids



- ❖ Haemorrhoids moved from Chapter 9 (*Circulatory*) to Chapter 11 (*Digestive*)
 - Old category I84 *Haemorrhoids*
 - New category K64 *Haemorrhoids and perianal venous thrombosis*

Amended code:

E84 Cystic fibrosis

E84.0 Cystic fibrosis with pulmonary manifestations

E84.1 Cystic fibrosis with intestinal manifestations

E84.8 Cystic fibrosis with other manifestations

~~Cystic fibrosis with combined manifestations~~

Allows more than one code from E84.- to be assigned and capture all relevant cystic fibrosis manifestations

New instructions:



▼1911

Sunburn

Note: new rules

Use additional code (T20–T25, T29–T30) to identify site of sunburn

Use additional code (T31) to identify percentage of body surface area

Use additional external cause code (Chapter 20) to identify cause

Includes: burns from exposure to man-made ultraviolet radiation

- L55.0 Sunburn, erythema
- L55.1 Sunburn, partial thickness
- L55.2 Sunburn, full thickness
- L55.8 Other sunburn
- L55.9 Sunburn, unspecified

Classification

- Hepatitis should always be coded when documented
 - Except when Hep C is documented as ‘cured’, ‘cleared’ or ‘with SVR’
- When documentation is unclear or ambiguous terms (such as ‘Hepatitis B’ or ‘Hepatitis C positive’), verify the status with the clinician
- If consultation not possible, clinical advice is to classify as chronic viral hepatitis

New codes:

I48

Atrial fibrillation and flutter

I48.0 Paroxysmal atrial fibrillation

I48.1 Persistent atrial fibrillation

I48.2 Chronic atrial fibrillation

I48.3 Typical atrial flutter
Type I atrial flutter

I48.4 Atypical atrial flutter
Type II atrial flutter

I48.9 Atrial fibrillation and atrial flutter, unspecified

New codes, different chapter:



Haemorrhoids and perianal venous thrombosis

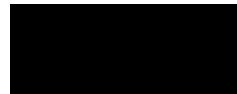
Includes: piles

Excludes: complicating:

- childbirth and the puerperium (O87.2)
- pregnancy (O22.4)

- K64.0 First degree haemorrhoids
Grade/Stage I haemorrhoids (bleeding) (strangulated) (thrombosed) (ulcerated)
- K64.1 Second degree haemorrhoids
Grade/Stage II haemorrhoids (bleeding) (strangulated) (thrombosed) (ulcerated)
- K64.2 Third degree haemorrhoids
Grade/Stage III haemorrhoids (bleeding) (strangulated) (thrombosed) (ulcerated)
- K64.3 Fourth degree haemorrhoids
Grade/Stage IV haemorrhoids (bleeding) (strangulated) (thrombosed) (ulcerated)

New codes, different chapter:



Haemorrhoids and perianal venous thrombosis

...

K64.4 Residual haemorrhoidal skin tag
Skin tags of anus

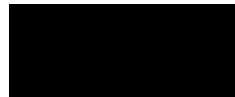
K64.5 Perianal venous thrombosis
Perianal haematoma

K64.8 Other specified haemorrhoids

K64.9 Haemorrhoids, unspecified
Haemorrhoids (bleeding):

- NOS
- without mention of degree

New codes:



Ventral hernia

...

- | | |
|-------|---|
| K43.6 | Other and unspecified ventral hernia with obstruction, without gangrene |
| K43.7 | Other and unspecified ventral hernia with gangrene |
| K43.9 | Other and unspecified ventral without obstruction or gangrene |

New codes:

★Z06.6

Resistance to other antibiotics

Use additional code (B95–B96) to identify infectious agents resistant to antibiotics

★Z06.6

★Z06.67 Resistance to multiple antibiotics

★Z06.6

Note: This code should only be assigned when an infectious agent is resistant to two or more antibiotics but the type of antibiotics are not specified. Where multiple resistant antibiotics are specified, code each resistant antibiotic separately.

★Z06.6

★Z06.6

★Z06.6

Excludes: resistance to multiple antibiotics involving methicillin (Z06.52)

★Z06.6

New codes:

★Z06.7

Resistance to other antimicrobial drugs

Excludes: resistance to antibiotics (Z06.5—Z06.6-)

★Z06.70

Resistance to unspecified antimicrobial drug(s)

Drug resistance NOS

Resistance to antimicrobial drugs NOS

★Z06.71

Resistance to antiparasitic drug(s)

Resistance to quinine and related compounds

★Z06.72

Resistance to antifungal drug(s)

★Z06.73

Resistance to antiviral drug(s)

★Z06.74

Resistance to tuberculostatic drug(s)

★Z06.77

Resistance to multiple antimicrobial drugs

Note: This code should only be assigned when an infectious agent is resistant to two or more antimicrobial drugs but the type of antimicrobial drugs are not specified. Where multiple resistant antimicrobial drugs are specified, code each resistant drug separately.

Excludes: resistance to multiple antibiotics (Z06.67)

★Z06.78

Resistance to other specified antimicrobial drug

New codes:



Resistance to antineoplastic drugs

Note: Assign Z07 as an additional code to identify resistance to antineoplastic drugs in the treatment of conditions classified in Chapter 2.

ACS 0042 *Procedures normally not coded*

8th

- ❖ ACS 0042 *Procedures normally not coded*
- ❖ Major changes with expansion of procedures normally not coded:
 - Bladder washout via indwelling catheter - added
 - Catheterisation - expanded

5. Catheterisation:

- **arterial or venous** (such as Hickman's, PICC, CVC, Swan Ganz) **except** cardiac catheterisation (blocks [667] and [668]), surgical catheterisation (block [741]) or catheterisation in neonates (see [ACS 1615](#) *Specific interventions for the sick neonate*)
- **urinary** except if suprapubic



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ACS 0042 Procedures normally not coded



PROCEDURES NORMALLY NOT CODED CR CR

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. That is, for a particular diagnosis or procedure there is a standard treatment which is unnecessary to code. 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/sepsis
- ~~cardioplegia in cardiac surgery is performed routinely~~

Note:

- Some codes on this list may be required in certain standards elsewhere in the *Australian Coding Standards*. In such cases, the standard overrides this list and the stated code should therefore be assigned as described in the relevant standard.
- The listed procedures should be coded if cerebral anaesthesia is required in order for the procedure to be performed (see [ACS 0031 Anaesthesia](#)).
- These procedures should be coded if they are the principal reason for admission in same-day episodes of care. This includes patients who are admitted the day before or discharged on the day after a procedure because a same-day admission is not possible or practicable for them (eg elderly patients, those who live in remote locations).

Plus exceptions throughout the list in ACS 0042

ACS 0042 *Procedures normally not coded*



Note:

- Some codes on this list may be required in certain standards elsewhere in the *Australian Coding Standards*. In such cases, **the standard overrides this list** and the stated code should therefore be assigned as described in the relevant standard.
- The listed procedures should be coded if **cerebral anaesthesia** is required in order for the procedure to be performed (see ACS 0031 *Anaesthesia*).
- **These procedures should be coded if they are the principal reason for admission in same-day episodes of care.** This includes patients who are admitted the day before or discharged on the day after a procedure because a same-day admission is not possible or practicable for them (eg elderly patients, those who live in remote locations).



ACS 0042 *Procedures normally not coded*



❖ Major changes with expansion of procedures normally not coded:

- Doppler recordings - added
- Imaging services – Chapter 20 and Block [451]

13. **Imaging services** – all codes in [ACHI Chapter 20](#) *Imaging services* and block [451] *Dental radiological examination and interpretation* **except:**

- transoesophageal echocardiogram (TOE) ([55118-00](#) [1942])
- when instructed to do so



Converted procedures



- ❖ Minimally invasive procedures proceeding to open procedure
 - New generic codes
 - 90343-00 [1011] *Endoscopic procedure proceeding to open procedure*
 - 90343-01 [1011] *Laparoscopic procedure proceeding to open procedure*
 - 90613-00 [1579] *Arthroscopic procedure proceeding to open procedure*
 - ACS 0019 *Procedures not completed or interrupted* expanded to provide guidelines

Example



K81.0 *Acute cholecystitis*

K66.0 *Peritoneal adhesions*

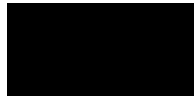
30443-00 [965] *Cholecystectomy*

90343-01 [1011] *Laparoscopic procedure
proceeding to open procedure*

30378-00 [986] *Division of abdominal
adhesions*

92514-29 [1910] *GA, 29*

New codes:



Colectomy

30515-03	Ileocolic resection with anastomosis
30515-04	Laparoscopic ileocolic resection with anastomosis
30515-05	Ileocolic resection with formation of stoma
30515-06	Laparoscopic ileocolic resection with formation of stoma

New codes:

Colectomy

32003-02	Laparoscopic limited excision of large intestine with anastomosis
32000-02	Laparoscopic limited excision of large intestine with formation of stoma
32003-03	Laparoscopic right hemicolectomy with anastomosis
32000-03	Laparoscopic right hemicolectomy with formation of stoma
32005-03	Laparoscopic extended right hemicolectomy with anastomosis
32004-03	Laparoscopic extended right hemicolectomy with formation of stoma
32006-02	Laparoscopic left hemicolectomy with anastomosis
32006-03	Laparoscopic left hemicolectomy with formation of stoma
32005-02	Laparoscopic subtotal colectomy with anastomosis
32004-02	Laparoscopic subtotal colectomy with formation of stoma
32012-01	Laparoscopic total colectomy with ileorectal anastomosis
32009-01	Laparoscopic total colectomy with ileostomy

New codes:

889

Procedures for obesity

934

Rectosigmoidectomy or proctectomy

...

32030-01

Laparoscopic rectosigmoidectomy with formation of stoma

Hartmann's procedure via laparoscopy

Data Quality

- Edits
- Checker
- Audit – HCAT
- Coding Notes
- Attend training
- Organise local workshops

Coding Notes

HEALTHCARE
PRICING
OFFICE

Number: 68
April 2015

A busy year so far.



First HPE Coder Graduation
Saturday, 21st February 2015 was an historic day in HPE history with the first class conferred with their Certificate in Clinical Coding at a ceremony in DIT.



Graduation Day-DIT, 21st February 2015

We have now commenced the next course and thank everyone for their interest. We have increased the intake to 26 on this second run of the course. We all learnt a lot from the first course and the amount of extra work involved both for the HPO and the students. We hope that over the coming years that we will be able to accommodate all HPE coders who choose to take this certification course. The next course is scheduled to commence before the end of the year, resources allowing.

ABF Conference 27th & 28th May 2015

As you are all aware HPE data are now being used for Activity Based Funding (ABF) and the annual conference (formerly the 'Casemix Conference') will be held at the RSC in Dublin in May 2015. Wednesday afternoon, 27th May will be a closed technical session for those working directly in HPE and speciality costings areas. Thursday, 28th will be a full day of presentations by both international and Irish experts.

Further details and registration are available at www.hpo.ie.



8th Edition of ICD-10-AM/ACHI/ACS on-going training.

Thanks to everyone who attended the 8th edition update courses in January 2015. It is always a great opportunity for us to get together and discuss our favourite topic—coding! As part of Phase 3 of the update we are holding workshops on Obstetrics and Diabetes, and coders are strongly advised to attend these courses. Other workshops and training sessions, regionally and at hospital level, are being arranged as time and resources allow. It is recommended that all HPE coders follow this update training by reviewing the training materials issued in November and January and using the 5 steps to ensure all notes and standards are followed when assigning codes. It is great to see so many coders taking advantage of the training on offer (see page 8 for training courses update).

Office Move

HPO Staff based at the ESR building and HSE offices in Naas and Palmerstown have now relocated to offices at Heuston South Quarter. We would like to thank all those who sent good wishes to us during this transitional time.

The offices are conveniently located near Heuston train station. Emails will remain the same.

The postal address is:

Healthcare Pricing Office, Brunel Building, Heuston South Quarter, St. John's Road West, Dublin 8.

Fax Number: 01 7718454

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Data Quality

Know Your Data



Thank you!

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