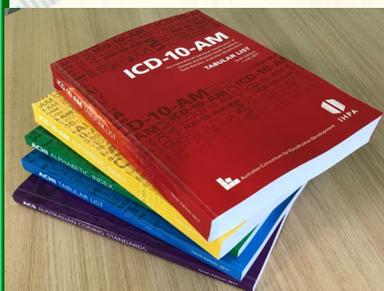# Coding Notes

10th Edition Education Sessions

In order to prepare for the update to **10th Edition, Update Education Sessions** will be held across the country in a number of locations. These sessions will take a day and a half and will bring coders through the update from 8th Edition to 10th Edition of ICD-10-AM/ACHI/ACS. It is critical that every coder attends one of these update sessions. They are also open to HIPE managers. Booking details will follow in the coming weeks. In addition, On the 6th September HIPE managers can attend a workshop specifically related to preparations around updating to 10th Edition. Invitations to this have been despatched.

Dublin 1
Location: HPO, Brunel Building, Dublin 8
Dates: Thursday 8th November—
             Friday 9th November.
_____

Galway
Location: Merlin Park Hospital
Dates: Monday, 12th November—
             Tuesday, 13th November
_____

Cork 1
Location: Mercy Hospital
Dates: Tuesday 20th November—
             Wednesday, 21st November
_____

Cork 2
Location: Mercy Hospital
Dates: Wednesday 21st November -
             Thursday, 22nd November
_____

Sligo
Location: Sligo University Hospital
Dates: Monday 26th November—
             Tuesday, 27th November
_____

Dublin 2
Location: HPO, Brunel Building, Dublin 8
Dates: Thursday 29th November—
             Friday, 30th November

SAVE THE DATE

Each course will be a day and half in duration and will cover all the main areas of the update from 8th to 10th Edition of ICD-10-AM. It is critical that everyone working in HIPE, particularly clinical coders attend one of these courses.

With shorter deadlines it is important that all coders are ready to code using the updated classification for all discharges from 1.1.2019. The HIPE Portal Edits and Checker are currently being updated and it is equally important for coders to be aware of the changes in diagnoses, procedures and across the standards in order to ensure that HIPE data remains timely and accurate throughout this transition.

Inside This Issue

National Treatment Purchase Fund Flag

The National Treatment Purchase Fund (NTPF) was originally formed to address waiting lists in the hospital system by funding cases in both public and private hospitals. In 2004, the HIPE system was changed to allow the collection of the waiting list category for each discharge where the patient is elective. When a patient is being treated under the fund, the waiting list category should be set to 1 ("NTPF") and 0 ("No") otherwise.

While the amount of cases funded by the NTPF has varied over the years since 2004, NTPF cases have continued to be added annually to the HIPE national file as the NTPF have continued to fund cases. The number of cases in the last few years has been very low but there is a renewed emphasis on this aspect of the work of the NTPF and we expect to see an increase in cases.

HIPE data is continuously reviewed and is often compared to other datasets to ensure accuracy. One such comparison completed recently was with data from the NTPF for the first half of 2018. From this comparison, it was clear that some hospitals had cases funded by the NTPF with no corresponding cases in HIPE, and other hospitals had NTPF flagged cases in HIPE with no funding from the NTPF. There are a number of possible explanations for these differences and we will be checking with the hospitals concerned.

HIPE staff are requested to ensure:

⟹   that the NTPF flag is captured as accurately as possible in HIPE in their hospital

⟹   that any local coding practices introduced during the period of reduced NTPF activity be reviewed to ensure full reporting of all this activity through HIPE.

The NTPF flag is an important variable on HIPE and is used by a number of stakeholders in addition to its use in the Activity Based Funding model. Coders are encouraged to collect this information as accurately as possible. To help with this, coders should liaise with the relevant NTPF personnel in their hospital to ensure that NTPF cases are correctly identified on IPMS/PAS and hence downloaded correctly.

If there are any restrictions in the HIPE portal which are stopping the collection of this flag, please contact us at HIPEIT@hpo.ie.
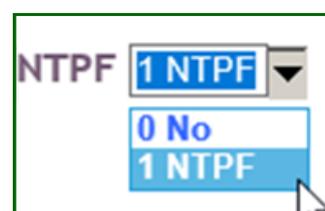
ICD-10AM/ACHI/ACS 10th Edition brings in some new Australian Coding standards including:

ACS 0049 *Disease codes that must never be assigned*

As indicated by the title ACS 0049 *Disease codes that must never be assigned* lists ICD-10-AM codes that must never be assigned for inpatient morbidity coding e.g. M99 *Biomechanical lesions, not elsewhere classified*.

The HIPE data entry edits will be updated to support HIPE coders in the application of this new guideline. Edits will prevent the use of the codes listed in ACS 0049 *Disease codes that must never be assigned*.

ACS 0050 *Unacceptable Principal Diagnosis Codes.*

ACS 0050 *Unacceptable Principal* diagnosis codes instructs coders that certain codes can never be assigned as Principal Diagnoses such as external cause codes, place of occurrence codes, certain Z codes and certain diagnostic codes. There is a new appendix in the Tabular List of Diseases in 10th Edition – Appendix C which lists the codes that cannot be assigned as Principal Diagnosis.

HIPE data entry edits will be applied to the codes listed in Appendix C which cannot be assigned as Principal Diagnosis as per ACS 0050 *Unacceptable Principal Diagnosis Codes.*

0053 *Robotic Assisted Interventions*

The 10th Edition of ICD-10-AM/ACHI/ACS also includes a new standard 0053 *Robotic Assisted Interventions* with instructions regarding the use of a new procedure code – 96233-00 [1923] *Robotic assisted intervention.*

ACS 0053 includes the following definition – *"Robotic assisted interventions involve the use of very small instruments attached to a robotic arm and controlled by a clinician through a computer console".*

The HPO have received numerous queries on the coding of robotic assisted procedures and with the update to 10th edition there is now a specific code to identify such procedures. Where appropriate the procedure itself will be coded followed by 96233-00 [1923] *Robotic assisted intervention.*

Same Day Endoscopy in 10ᵗʰ Edition

The coding of Same Day Endoscopy has been simplified and 2 new Australian Coding Standards (ACS) now replace the 5 ACS of ICD-10-AM/ACHI/ACS Eighth Edition covering this area.

New:

> ACS 0051 *Same-day endoscopy – diagnostic*
> ACS 0052 *Same-day endoscopy – surveillance*

Deleted:

> ~~ACS 0046 *Diagnosis selection for same-day endoscopy*~~
> ~~ACS 0246 *Familial adenomatous polyposis*~~
> ~~ACS 0247 *Hereditary non-polyposis colon cancer*~~
> ~~ACS 2111 *Screening for specific disorders*~~
> ~~ACS 2113 *Follow-up examinations for specific disorders*~~

Note:

- ACS 0001 *Principal diagnosis* will be applied where a principal diagnosis is documented on admission (for any same-day endoscopy episode of care)
- A condition/symptom will be assigned as the principal diagnosis where there is documentation that the condition/symptom is the reason for investigation (this is a diagnostic endoscopy)
- Surveillance endoscopy – additional findings must meet the criteria in ACS 0002 *Additional diagnoses*
- Diagnostic endoscopy – additional findings do not need to meet the criteria in ACS 0002 *Additional diagnoses* to be assigned (as per current practice).

ACS 0051 *SAME-DAY ENDOSCOPY – DIAGNOSTIC*

- The general principles remain unchanged (admitted for same-day or intended same-day endoscopic <u>investigation for diagnostic purposes</u>)
- Standard **does not apply** where principal/additional diagnoses are clearly documented on admission
- Conditions present at the time of admission for endoscopy, unlike **findings** at diagnostic endoscopy, remain subject to ACS 0002 *Additional diagnoses*
- Assign as principal diagnosis the finding identified as the cause of the indication for the endoscopy where a causal link **is documented** or instructed by the classification and do **not** assign a code for the indication/symptom
- Assign as principal diagnosis the indication/symptom for the endoscopy where a causal link is **not documented** or instructed by the classification for findings or where there are no findings
- When no indication for endoscopy is documented, query first with the clinician. Where not possible (or there is no response from a clinician query) assign as principal diagnosis:

Z01.8 *Other specified special examination* **where no findings** documented

OR

If finding(s) documented apply criteria in ACS 0001 *Principal diagnosis*

> Assign as additional diagnoses:
> > Codes for all other findings (note these do not need to meet the criteria in ACS 0002 *Additional diagnoses*)

New: ACS 0052 *SAME-DAY ENDOSCOPY – SURVEILLANCE*

For classification purposes endoscopic <u>surveillance</u> refers to:

- Follow-up of conditions previously treated and thought to be cured
- Review of chronic incurable diseases that require ongoing treatment and management
- Screening of diseases with the potential for malignant transformation
- Screening of other diseases and pre-cursors (risk factors)
- Screening due to other factors

Classification guidelines apply to all the scenarios listed above regardless of documentation of terms such as follow-up, screening or surveillance.

<u>Assign as principal diagnosis</u>

- The pre-existing condition under surveillance
- The condition under surveillance if detected at screening
- Codes from Z08 or Z09 *follow-up examination after treatment for ..* If the condition under surveillance has been previously treated and no recurrence or residual condition is detected
- Codes from Z11, Z12 or Z13 *special screening examination for ..* If screening for a disease pre-cursor (risk factor) or other factor and no disease is detected or has ever been detected
- Codes from Z80-Z99 *persons with potential health hazards related to family and personal history and certain conditions influencing health status* for any personal or family history as appropriate

<u>Assign as additional diagnosis:</u>

Conditions that meet criteria for collection as per ACS 0002 *Additional diagnosis*

Source: ACCD, IHPA, 2017.

Coding of Chronic Pain in 10th Edition ACHI

Specialist clinicians consider chronic pain to be a serious disease entity with its own distinct signs and symptoms. Identification of chronic pain in addition to the underlying cause (when known) is required for this resource intensive condition.

ACS 1807 Pain Diagnoses and Pain Management Procedures has been retitled to:

$\Longrightarrow$ **ACS 1807** *Acute and Chronic Pain* **in 10th edition and the <u>standard has been revised to include coding of chronic pain.</u>**

The classification instructions in 10th edition now state:

> **To classify chronic pain with a documented underlying cause or site.**
>
> - **Code first the site or underlying cause and,**
> - **Assign R52.2 Chronic pain as an additional diagnosis**

The following terms, when documented in the clinical records, are synonymous with chronic pain and are classified to R52.2 *Chronic Pain.*

Neoplastic (cancer) pain:	Defined as pain due to a primary or metastatic neoplasm.
Neuropathic pain:	Defined as pain initiated or caused by a primary lesion or dysfunction within the nervous system.
Nociceptive pain:	Defined as pain due to a medical condition or following acute injury or post surgery.

> **EXAMPLE 1**
>
> Patient admitted to day surgery for management of chronic low back pain. The patient was treated with an anaesthetic injection.
>
> Codes: M54.5 Low back pain
>
>   **R52.2 Chronic pain**

> **EXAMPLE 2**
>
> Patient admitted under the palliative care service for end of life care. The patient was documented as having secondary bone metastases from lung cancer (adenocarcinoma). The patient was reviewed by the oncologist who identified severe neoplastic pain and prescribed morphine to control the pain.
>
> Codes: C79.5 Secondary malignant neoplasm of bone and bone marrow
>
>   C34.9 Malignant neoplasm of bronchus or lung, unspecified
>
>   **R52.2 Chronic pain**

Allergen Challenges in 10th Edition

There are some very welcome enhancements to the classification of allergen challenges
The main changes are as follows:

New codes:

Z41.8   Other procedures for purposes other than remedying health state

- ✪ Z41.81   Drug challenge
- ✪ Z41.82   Food challenge
- ✪ Z41.89   Other procedures for purposes other than remedying health state
                Allergen challenge NOS

A new Australian Coding Standard: 2115 *Admission for allergen challenge* provides classification guidelines and examples

Updated ACS:

0026 *Admission for clinical trial, drug challenge or therapeutic drug monitoring drug challenge*
This standard has been updated to remove content and instructions for Drug Challenge.

Other associated changes:

- ACS references have been added to codes T78.0 *Anaphylactic shock to due adverse food reaction*, T78.1 *Other adverse food reactions, not elsewhere classified* and also at T88.6 *Anaphylactic shock to due adverse effect of correct drug or medicament properly administered*.
- A note has been added to Z01.5 *Diagnostic skin and sensitisation tests* to exclude code assignment for allergen challenge and desensitisation to allergens.
- The excludes note at Z03.6 *Observation for suspected toxic effect from ingested substance* has been updated with the new codes.
- A new Excludes note has been added at category Z51.6 *Desensitisation to allergens.*

ICD-10-AM/ACHI/ACS 8th Edition Archive Pack

All coding from <u>1.1.2019</u> will be in 10th Edition of ICD-10-AM/ACHI/ACS/ICS but HIPE data from previous years will continue to be used and requested. Therefore it will be necessary for you to prepare an ICD-10-AM/ACHI/ACS 8th Edition Archive Pack. The archive should contain all relevant documents specific to ICD-10-AM/ACHI/ACS 8th Edition. An 8th Edition Archive will assist HIPE coders, HCC's and information managers when creating retrospective reports. It will also provide the necessary documentation relating to any data queries from 2015 to 2018.

The 8th Edition Archive Pack should include these documents

⇒	**ICD-10-AM/ACHI/ACS**	**Eight Edition Books**
⇒	**ICD-10-AM 8th Edition Errata**	June 2013, December 2013
⇒	**HIPE Coding Training Folder**	Containing all HPO training material
⇒	**Coding Notes**	Issues 67– 83
⇒	**Coding Notes Index -**	December 2015 to current
⇒	**Irish Coding Standards**	ICS_V7.0_2015, ICS_V8.0_2016, ICS_V9.0_2017, ICS_V9B_2018

Q. A patient presented with symptoms one day after having a lumber puncture in another hospital. The clinician documented it as an adverse reaction. I have coded the adverse reaction but I'm not sure if I should flag the HADx as the procedure wasn't here?

A. As per ICS 0048 *Hospital Acquired Diagnosis*, the 'Hospital Acquired Diagnosis' indicator will be collected by HIPE for diagnoses that were not present on admission but are acquired by the patient during the current episode of care.

As the adverse reaction is the principal reason for this admission and <u>was not acquired during the current episode of stay</u> you <u>would not</u> assign a HADX for this case.

Q. What code is assigned for Urticarial Vasculitis?

A. Urticarial vasculitis is a form of vasculitis that affects the skin. Please assign:

L95.8   *Other vasculitis limited to skin*

Q. If the patient has chronic diarrhoea is it coded to K52.9 *Noninfective gastroenteritis and colitis, unspecified* or to A09.9 *Gastroenteritis and colitis of unspecified origin* as per excludes note?

A. Under the main term, **Diarrhoea**, there is an essential modifier for Chronic with the code K52.9 (*Noninfective gastroenteritis and colitis, unspecified*). 'Non-infectious' is a non essential modifier at the entry for Chronic. The excludes note at K52.9 *Noninfective gastroenteritis and colitis, unspecified,* in the Tabular, are used where the listed terms are present. However the exclusion terms do not apply to this query.

Q. Can you please advise on two separate patients, both with a diagnosis of "Keratocyst". Both patients had excision of skin lesions, one patient had a skin lesion removed from the scalp and the other patient had two skin lesions removed from the ear and cheek. I note there is a code for Keratocyst D16.5 but this is for the jaw. What the correct code is for this diagnosis?

A. There is an excludes note at the top of D16 Benign neoplasm of bone and articular cartilage

Excludes: connective tissue of:

     • ear (D21.0)

     • eyelid (D21.0)

     • larynx (D14.1)

     • nose (D14.0)

     synovia (D21.-)

This leads you to benign neoplasm of connective and other soft tissue. We suggest you code to:

D21.0   *Connective and other soft tissue of head, face and neck*

Q. If a patient is pregnant and has liver failure or kidney failure or respiratory failure should an 'O' code from Chapter 15, Pregnancy, childbirth and the puerperium, Subchapter, *Pregnancy complicated by conditions* be assigned **plus** an additional code from another chapter to specify the type of failure?

A. As per guidance in Coding Rule TN184 (see reference below) you are correct to assign 'O' codes in addition to acute organ failure codes. For example for respiratory failure in pregnancy assign O99.5 *Diseases of the respiratory system complicating pregnancy, childbirth and the puerperium* plus an additional code from category J96. - *Respiratory failure.*

Reference: *Severe sepsis in pregnancy, childbirth or the puerperium. Ref No: TN184 | Published On: 15-Oct-2010 | Status: Current*

Upcoming Courses

To apply for any of the advertised courses, please complete the online training applications form at: www.hpo.ie/training or use the link below.

Click 'Ctrl' and click on the link:
http://www.hpo.ie/training/frmTraining.aspx

Please ensure you enter the correct email addresses when applying for courses

All information provided will be kept confidential and only used for the purpose it is supplied.

Please inform us of any training requirements by emailing hipetraining@hpo.ie.

Coding Skills III

This course is for coders who have previously attended Coding Skills II. <u>Experienced coders are welcome to attend this course for refresher training.</u>

Date: Tuesday, 18th - Thursday 20th September
Time: 10.00am – 5.00pm each day

Data Quality Session

Date: Thursday 27th September
Time: 11:00am—13:00 pm
Location: WebEx only
Note: This is an update on data quality activities and tools including The Portal, HCAT and Checker. This session will be repeated subject to demand.

HIPE Data User Day

Date: Friday, 5th October
Time: 10:00—17:00 pm
Location: HPO, Brunel Building only
Note: This course is run twice a year for people who use HIPE data and need to understand the rudiments of the data set, the classifications and the standards. The afternoon's session instructs on using the HIPE Reporter. Please apply directly 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

Coding Skills IV— Workshops

Z-Codes Workshop—<u>2 half days</u>

Dates: Tuesday, 4th and Wednesday 5th September
Time : 10.30am –1.00pm—each day
Location: HPO, Brunel Building & WebEx

Orthopaedics Workshops

This course will provide training on anatomy and common diseases and interventions of the musculoskeletal system and will focus on the classification guidelines for orthopaedic conditions and procedures in ICD-10-AM/ACHI.

Dublin
Date: Thursday 13th Septe
Time: 10.00 am – 4.0
Location: **HPO, Brunel Building.**

Fully Booked

An additional Orthopaedics Workshop to be delivered at the HPO will be organised if there is sufficient demand. If you are interested in attending this additional workshop please contact the HPO.

Cork
Date: Tuesday 25th September
Time: 10.00 am – 4.00 pm
Location: **Brú Columbanus, Wilton, Cork**

Anatomy & Physiology

These courses will be delivered by a specialist speaker.

Anatomy & Physiology— <u>Infectious and Parasitic Diseases</u>
Date: Wednesday, 12th September
Time: 11.00am – 1.00pm
Location: HPO, Brunel Building & WebEx

Anatomy & Physiology— <u>Skin and Subcutaneous Disease</u>
Date: Wednesday, 12th September
Time: 2.00pm—4.00pm
Location: HPO, Brunel Building & WebEx

Thought for Today

Your mind is a garden,
Your thoughts are the seeds,
You can grow flowers or
you can grow weeds.