

Coding Notes



HIPE & NPRS Unit
Health Research &
Information
Division

Issue Number 42
October 2008

ICD-10-AM / ACHI / ACS 6th Edition Education

Training for ICD-10-AM/ACHI/ACS is scheduled for October and November 2008 (*see back page for dates and venues*).

The ICD-10-AM/ACHI/ACS 6th Edition Education consists of:

Phase 1 - Introduction Course

and

Phase 2 - Implementation Workshops



Phase 1 - Introduction Course is intended for all coders and HCC's and will provide information on the classification changes to 6th Edition. The main aim of the course is to assist coders in the change-over from coding in ICD-10-AM 4th Edition to coding with the new improved **ICD-10-AM/ACHI/ACS 6th Edition**.

Please note: Attendance at **Phase 1 - Introduction Course** is a **prerequisite for participation** in **Phase 2 Implementation Workshops**.

Phase 2 - Implementation Workshops will consist of a two-day, interactive training workshop. These workshops will provide the foundation for applying the **ICD-10-AM/ACHI/ACS 6th Edition**, and are therefore essential for all HIPE personnel who code.

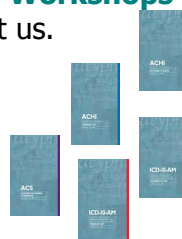
The workshop agenda will focus on the major changes and attendees will be given coding exercises to complete throughout the workshop. The coding exercises are aimed to reinforce the training and can be done within a group format.

Arrangements are now being finalised for the national **Phase 2 - Implementation Workshops**, in January and February 2009 (*see dates below*). Attendance at these workshops is **required** for all HIPE coders, so please have your diary marked.

ICD-10-AM/ACHI/ACS Books/e-Book

Hospitals will soon be receiving their hard-book copies of **ICD-10-AM/ACHI/ACS**, and the e-Book version will be distributed in late December 2008. **Phase 2 Implementation Workshop** attendees are required to bring along these books. The ESRI will also provide a limited number.

We look forward to seeing you all again soon and if you have any questions or concerns on any aspect of the **Introduction Course** or **Implementation Workshops** please do not hesitate to contact us.



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Important Diary Dates

Phase 2 6th Edition Two - Day Implementation Workshops
will be held in

DUBLIN - 20 & 21 AND 22 & 23 January 2009

CORK - 26 & 27 AND 28 & 29 January 2009

GALWAY - 3 & 4 AND 5 & 6 February 2009

2007 National File Closure

The 2007 HIPE National File **WILL CLOSE** at the end of January 2009

The 2007 HIPE National File will be used in the preparation of *Activity in Acute Public Hospitals in Ireland 2007, Annual Report*.

- ⇒ Please make sure that **all 2007 discharges are coded** for the inclusion in the National File.
- ⇒ Please ensure that **any additions or outstanding corrections on 2007 data** with the HIPE export, are up to date.
- ⇒ HIPE hospitals will be **contacted prior to the closure of 2007** to ensure that all the relevant collected data are submitted on time.

Guidelines for Submission of HIPE Monthly Exports

A HIPE export is submitted every month from each hospital to the ESRI. To ensure timeliness of data both locally and nationally it is important that these exports are received in time for inclusion in the monthly national file.

- ✓ Please ensure that your hospital's monthly export is submitted by the last date of the corresponding month (e.g. end of October export to be submitted by October 31st). If it is not possible to submit by this date please notify the ESRI accordingly.
- ✓ If your hospital submits the export by floppy disk, the date on the export must be within the corresponding month. Please ensure that the disk is posted to the ESRI as soon as possible (where there are known problems with the postal service, this must be taken into account).

Please note that exports that are submitted after month end may not be processed and will be held over for the following month's national file.

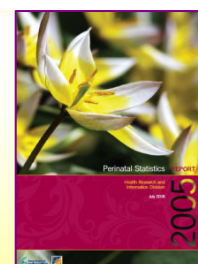
Any queries may be addressed to rachel.joyce@esri.ie

National Perinatal Reporting System (NPRS)

2005 Report

The principal aim of the **NPRS** is the provision of national statistics on perinatal events in Ireland. The 2005 report contains information on pregnancy outcomes, with particular reference to perinatal mortality and important aspects of perinatal care.

All reports can be downloaded at www.esri.ie



Economic and Social Research Institute

Date for your diary!

National Perinatal Reporting System
NPRS

Information Day

Tuesday October 21st 2008

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2.

The NPRS are holding an information and education day on 21st October 2008. The aim of the day is to give all those involved in the completion of the Birth Notification Form information into the importance of the NPRS data collection. It will also highlight the national and international uses of NPRS data. It will provide an opportunity to meet colleagues involved in this important national data set. The day will provide:

- ☒ Updates on NPRS developments
- ☒ Guest speakers
- ☒ Refresher course in the guidelines for completion of the Birth Notification Form.

The final agenda and further details will follow on what promises to be a very interesting and informative day.

The NPRS Unit is holding an

Information Day

on

21/10/2008

For more information please contact:

Sheelagh Bonham
NPRS Manager

Sheelagh.Bonham@esri.ie

Coding Notes Index

Coding Notes Index is an alphabetical listing of references to articles published in Coding Notes.

The easy to use Index is divided into two sections:

ICD-10-AM & General HIPE Information.

- ♦ **ICD-10-AM** contains references to articles specific to coding information
- ♦ **General HIPE Information** contains references to articles that refer to HIPE

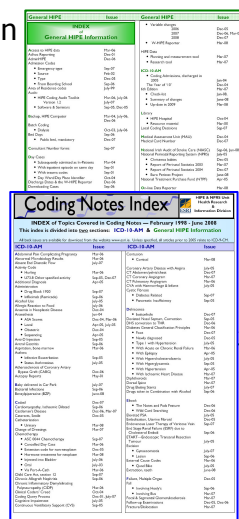
The Index is a very useful tool that you can refer to when you come across a coding query or HIPE problem that you are trying to solve.

Did you know that you can also get Coding Notes and Coding Notes

Index via email? All you need to do is log onto the ESRI website, and fill out the on-line form and you will automatically receive an electronic version every quarter.

Please note that unless specified, all Coding Notes prior to 2005 relate to ICD-9-CM and are available for download from the Coding Notes Archive

To download all Coding Notes, current and previous issues, and Coding Notes Index please log onto: www.esri.ie



The image shows two screenshots of the Coding Notes Index website. The top screenshot displays the 'ICD-10-AM' section, which lists various coding topics and their corresponding page numbers. The bottom screenshot displays the 'General HIPE Information' section, which lists general HIPE topics and their corresponding page numbers. Both sections are organized in a table-like format with columns for the topic and the page number.

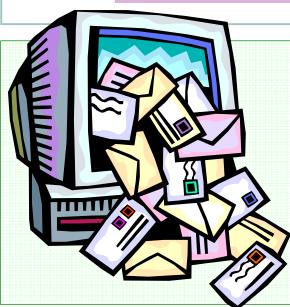
NCCH Queries Database

As from the 1st July 2008 the NCCH Queries Database is no longer available.

Approved coding advice will only be published in these publications:

NCCH ICD-10-AM Coding Commandments
Australian Coding Standards - ACS

ESRI Coding Notes
Irish Coding Standards - ICS



Do you need IT help?

HIPE has a new email support service. Send your query, via email to the
new HIPE IT email address: hipeit@esri.ie



Above

Dr Jason Sutherland, during his presentation to the ESRI.

Data Quality and Case Mix Management A North American Perspective

Dr. Jason Sutherland, PhD
Dartmouth Institute for Health Policy and Clinical Practice
Dartmouth College
Hanover USA

Dr. Sutherland visited the Health Research and Information Division, ESRI in July 2008. His informative and interesting presentation highlighted outcomes from coding audits conducted in North America and Canada which were comparable with Ireland.

Dr. Sutherland is Assistant Professor in the Centre for Health Policy Research at The Dartmouth Institute for Health Policy and Clinical Practice and has extensive experience in the analysis of large, complex longitudinal health services databases and population estimation problems with incomplete information. Dr. Sutherland also has expertise in the evaluation of case mix methods for acute and non-acute care in single-payer health systems. His research interests include health services research, development and evaluation of risk adjustment methods, and the development and application of statistical methods generated through collaborative health services research.

6th Edition Update

If you have a concern or question relating to the implementation of 6th Edition please email us at :
hipecodingquery@esri.ie

Frequently Asked Questions - FAQ's

When will we start coding in 6th Edition?

All discharges on or after 1st January 2009 will be coded using ICD-10-AM/ACHI/ACS 6th Edition.

What about 2007 and 2008 discharges?

All discharges prior to 1st January 2009 will be coded using ICD-10-AM 4th Edition. (*please see 2007 National File Closure details on page 2*)

Will W-HIPE know the difference between 4th Edition and 6th Edition codes?

W-HIPE will know the difference between 4th Edition and 6th Edition codes. The coding classification that is displayed in W-HIPE will be based on the discharge date that is entered. If a 2009 discharge date is entered the 6th Edition codes will be displayed and if a discharge date from 2005 to 2008 is entered the 4th Edition coded will be displayed.

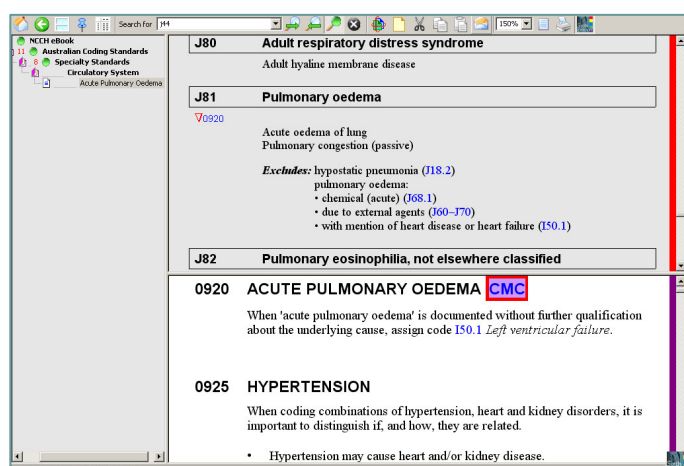
Is the change going to be like ICD-9-CM to ICD-10-AM?

No. ICD-9-CM and ICD-10-AM are two different classifications. ICD-10-AM/ACHI/ACS 6th Edition is just an updated, improved version of ICD-10-AM 4th Edition.

Will I need to be retrained in using the e-Book?

No. The 6th Edition e-Book is the same as what you are currently using, but with a few very good enhancements that will make it easier to use, (*see below for examples*).

6th Edition e-Book enhancements



Split Screen

Imagine having an index and a tabular open at the same time. The Split Screen function will enable a user to open more than one book at a time by splitting the screen into two or four panes.

Freeze Header

This function allows a user to freeze the table headers and create columns whilst scrolling down the page. All tables are linked with this enhancement, for example;

Table of:

- Neoplasms
- Drugs and Chemicals
- Land transport accidents

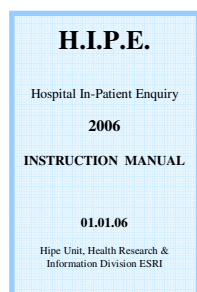
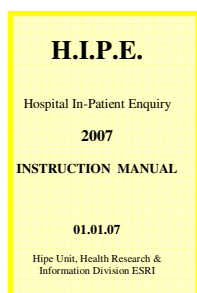
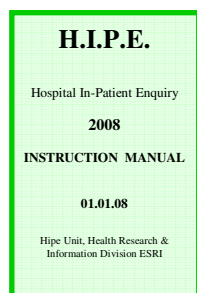
	Primary	Secondary	In situ	Benign	or unknown behaviour
... lung NEC	C40.2	C79.5			D48.0
... lower (long bones) ...	C40.9	C79.5			D48.0
... short bones ...	C40.2	C79.5			D48.0
... upper (long bones) ...	C40.3	C79.5			D48.0
... short bones ...	C40.0	C79.5			D48.0
... long ...	C40.1	C79.5			D48.0
... lower limbs NEC	C40.9	C79.5			D48.0
... upper limbs NEC	C40.2	C79.5			D48.0
... maxilla	C40.0	C79.5			D48.0
... mandible	C41.02	C79.5			D48.0
... marrow NEC	C41.1	C79.5			D48.0
... mastoid	C38.9	C79.5			D47.9
... maxilla, maxillary (superior)	C41.01	C79.5			D48.0
... inferior	C41.02	C79.5			D48.0
... metacarpus (any)	C41.1	C79.5			D48.0
... metatarsus (any)	C40.1	C79.5			D48.0
... nose, nasal	C40.3	C79.5			D48.0
... occipital	C41.02	C79.5			D48.0
... orbit	C41.01	C79.5			D48.0
... parietal	C41.01	C79.5			D48.0
... patella	C41.01	C79.5			D48.0
... pelvic	C40.3	C79.5			D48.0
... phalanges	C41.4	C79.5			D48.0
... foot	C40.9	C79.5			D48.0
... hand	C40.3	C79.5			D48.0
... pubic	C40.1	C79.5			D48.0
... radius (any part)	C41.4	C79.5			D48.0
... rib	C40.0	C79.5			D48.0
... sacral vertebra	C41.3	C79.5			D48.0
... sacrum	C41.4	C79.5			D48.0
... scapula (any part)	C41.4	C79.5			D48.0
... sella turcica	C40.0	C79.5			D48.0
... short	C41.01	C79.5			D48.0

6th Edition Update

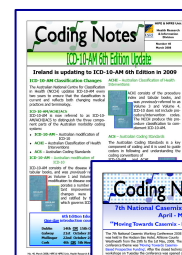
It will be necessary for you to prepare an ICD-10-AM 4th Edition Archive Pack. The Archive should contain all relevant documents specific to ICD-10-AM 4th Edition.

A 4th 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 2005 to 2009.

The 4th Edition Archive Pack should include these documents



- ✓ **ICD-10-AM Fourth Edition Books**
- ✓ **ICD-10-AM 4th Edition Errata**
1 June 04, 2 September 04, 3 March 05, 4 June 05
- ✓ **HIPE Coding Training Folder**
Containing all ESRI training material
- ✓ **Coding Notes**
Issue's 28 – 42
- ✓ **Coding Notes Index**
December 2005 to current
- ✓ **Irish Coding Standards**
V1.1 June 06, V1.2 November 06, V1.3 January 08, V1.4 March 08
- ✓ **HIPE Instruction Manuals**
2005 - 1/9/05, 2006 – 1/1/06:1/6/06, 2007 – 1/1/2007,
2008 – 1/1/08:1/5/08
- ✓ **HIPE Summary Sheet**
1/1/05, 1/1/06, 1/1/07, 1/1/08
- ✓ **HIPE Data Quality Checks Workbook**
V1.1



ICD-10-AM 4th Edition Books



The ESRI has a limited supply of 4th Edition Coding Books available to HIPE users within Ireland.

If you are a HIPE user, work with HIPE data, or your hospital would like an extra set, please contact Jacqui Curley, Coding Manager, HIPE Unit at the ESRI.

Coding Guidelines

Over Coding Vs Greater Specificity

When does greater specificity become over coding?

What does Greater Specificity mean?

Coders will, at times, assign non-specific codes, as directed by the Alphabetic Index, without further instructions.

For example, a patient sustains an accidental laceration to femoral vein which occurred during surgery. For this instance the code assigned for the injury is:

T81.2 *Accidental puncture and laceration during a procedure, not elsewhere classified.*

However code **T81.2** does not identify the particular injury, therefore, to provide greater specificity a clinical coder should **assign an additional code that reflects the injured vein:**

S75.1 *Injury of femoral vein at hip or thigh level.*

By assigning two codes you are providing **greater specificity** and **indicating why** the T81.2 code was assigned.

Providing greater specificity can become over coding when coders assign additional codes that do not meet ACS 0002 *Additional diagnoses*.

For example, assigning code Z60.2 *Living alone* when it **does not meet** ACS 0002. Or, assigning a symptom code when there is a definite diagnosis, such as "abdominal pain" due to "appendicitis".

Greater specificity provides better data

PAIN MANAGEMENT

ACS 1807 Pain diagnosis and pain management procedures.

Acute Pain

When a patient is suffering postoperative pain or pain **directly associated** with another condition, assign only the code(s) for which the surgery was performed or the condition(s) causing the pain.

R52.0 Acute pain should never be assigned in such circumstances (see also ACS 0001 Principal diagnosis, and ACS 1802 Signs and symptoms). R52.0 Acute pain **can be assigned only** when there is no documentation as to the site or cause of the acute pain.

Note the exclusion list at **R52 Pain, not elsewhere classified** which precludes the use of codes in this category when the site/type of the pain is known.

Chronic / Intractable Pain

Chronic / intractable pain should be sequenced as the principal diagnosis **only** when a patient is admitted specifically for pain management and **no related definitive diagnosis** is established.

Example:

Patient admitted to day surgery for management of chronic intractable low back pain. The patient was treated with an anaesthetic injection for analgesia.

Codes: **M54.5** *Low back pain*
18286-01 [65] *Administration of anaesthetic agent around lumbar portion of sympathetic nervous system*

Cracking the Code

A selection of recent coding queries.

MRCP

Is MRCP coded? If so what code do I use?

Yes, the procedure is coded. Magnetic Resonance Cholangiopancreatography (MRCP) is a non-invasive imaging procedure to view the biliary and pancreatic ducts to determine whether there are gallstones lodged in the ducts. Assign code 90901-05 [2015] *Magnetic resonance of abdomen*.

Tumour Lysis Syndrome

Can you advise on a code for Tumour Lysis Syndrome disorder following chemotherapy treatment resulting in acute renal failure (ARF) with further metabolic disorders?

Tumour Lysis Syndrome is a condition that may occur following tumour cell death after chemotherapy and can have numerous manifestations, including acute renal failure, hypocalcaemia, hyperphosphatasaemia, and hyperuricaemia (non gout). No single code exists in ICD-10-AM for Tumour Lysis Syndrome. In this particular case clinical advice suggests assigning a code for the acute renal failure N17.8 *Other acute renal failure*, and also code out the documented manifestations.

ICD-10-AM code for death

Is there a specific code in ICD-10-AM to identify that a patient died during surgery?

No. The World Health Organisation (WHO) defines the underlying cause of death as:

- the disease or injury which initiated the train of morbid events leading directly to death; or
- the circumstances of the accident or violence which produced the fatal injury.

Therefore, the underlying cause of death is the condition, event or circumstances without the occurrence of which the patient would not have died.

HIPE coders use ICD-10-AM, to identify the condition, event or circumstances during the episode of care.

Furthermore, the HIPE discharge code will identify that the patient died, as will the death certificate.

Please email your coding query to:
hipecodingquery@esri.ie or log onto www.esri.ie

W-HIPE edits on codes

I tried to enter a case of a female, age 58, diagnosed with menorrhagia and polymenorrhoea (Code N92.0) but a message box keeping coming up stating "This patient is too old for code", subsequently I could not enter the case, what should I do? The patient also had D&C and hysteroscopy procedures done during the same admission.

In Windows HIPE there are edits in place for conditions such as N92.0 *Excessive and frequent menstruation with regular cycle* in patients aged over 55 years. Always ensure that the codes are right and the patient's DOB is correct. If you are logged onto the system as a senior coder you will be asked to confirm that the patient's age and diagnoses are correct. If you are logged onto the system as a junior coder please ask your supervisor about entering the case for you.

HIPE admission codes

What type of admission code is assigned for a patient treated in A&E for a fracture, was then sent home and asked to attend an outpatient clinic between 2 and 10 days later? At the outpatient clinic a decision was made to admit the patient at a later date as an elective day case for a procedure.

For the above case, the ESRI suggests assigning elective admission. However, different case scenarios must be decided on a **case by case basis**. For example: an A&E patient is sent home and asked to return the next morning, this would be an emergency admission. Coders are reminded to always refer to the definitions of 'elective' and 'emergency' in the current HIPE Instruction Manual.

Follow-up admission without symptoms or signs

Pt admitted 6 weeks ago with diagnosis of gastroenteritis, underwent a gastroscopy. Patient readmitted with no symptoms or signs and had colonoscopy, which was NAD. What code do I use?

Assign Z09.8 *Follow up examination after treatment for other conditions*, and a code from category Z87 *Personal history of other diseases and conditions* to capture the history of gastroenteritis.

Upcoming Education Courses

2008 - 6th Edition Phase 1 - One-Day Introduction Courses

Dublin

Date: Tuesday 14th October **Time:** 10:00am - 4:30pm

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Dublin

Date: Wednesday 15th October **Time:** 10:00am - 4:30pm

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Galway

Date: Tuesday 21st October **Time:** 10:00am - 4:30pm

Venue: Galway Bay Hotel, The Promenade, Salthill, Galway

Mullingar

Date: Wednesday 22nd October **Time:** 10:00am - 4:30pm

Venue: Bloomfield House Hotel, Belvedere, Mullingar, Co. Westmeath

Cork

Date: Tuesday 4th November **Time:** 10:00am - 4:30pm

Venue: Silver Springs Moran Hotel, Tivoli, Cork

Limerick

Date: Wednesday 5th November **Time:** 10:00am - 4:30pm

Venue: Midwestern Regional Hospital, Dooradoyle, Limerick

Combination Workshops - Lecture by clinician & coding examples

Date: Tuesday 18th November **Topic** Respiratory **Time:** 10:00am - 1pm

Date: Tuesday 18th November **Topic** Genitourinary **Time:** 2.00pm - 5pm

Date: Wednesday 19th November **Topic** Cardiovascular **Time:** 10.00am - 1pm

Date: Wednesday 19th November **Topic** Haematology **Time:** 2.00pm - 5pm

Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Thanks and keep in touch!

If you have any ideas for future topics to be included in Coding Notes please let us know

Email: terry.dymmott@esri.ie

Terry Dymmott, Health Research & Information Division, ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2.