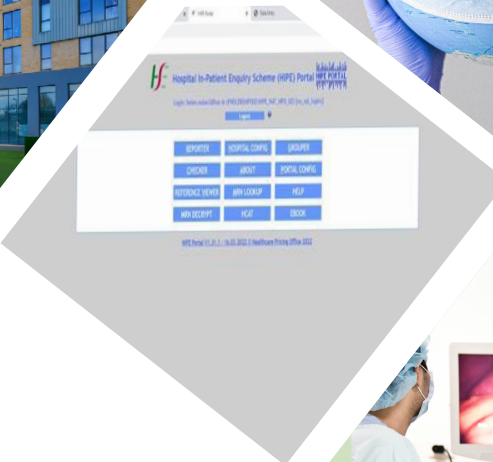
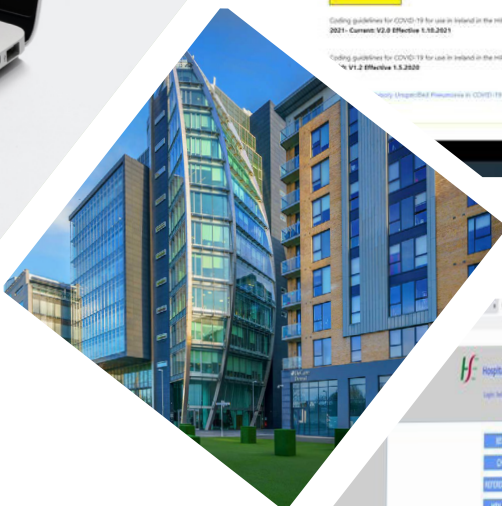


HİPE



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Edition No. 94, September 2022

Coding Notes



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Editor's Note

Welcome to the September edition of coding notes. We hope you all had a lovely summer and got a well deserved break to enjoy the Irish summer or far away adventures.

This edition includes details of the ABF conference which was held on the 30th June 2022 in Athlone. Those of you who could not make it can still see the recorded videos on the HPO website, www.hpo.ie

The training team have had another busy few months. TUD exams took place in September with 14 students. The team are now planning to go out on site for some training courses, see Page 18 for further details.

Our auditors are out performing chart based audits since May and plan to visit more hospitals before the end of the year.

Over the years we've had numerous queries regarding the coding of pain procedures. We understand that this is a difficult area and have included guidelines in this months edition. If you have any queries on this area please let us know.





2022 Activity Based Funding (ABF) Conference, Athlone

The 2022 Activity Based Funding (ABF) Conference was held in Athlone on the 30th June using a combination of online and in person participation, and was attended by over 200 people on the day. The conference, opened by Paul Reid, Chief Executive Officer, HSE, was the first in person ABF conference since 2019 and provided a great opportunity to catch up with old friends and new from across the system. The conference theme was “ABF: A Route to Value, Efficiency and Quality” and presentations provided attendees with a wide range of information about developments in ABF and also the wider work of the Healthcare Pricing Office. The ABF Implementation Plan 2021-2023 was a focal point of the event and Brian Donovan, ACFO Head of Healthcare Pricing Office, provided an update on the plan and the actions to date. Presentations from key stakeholders and clinical leads brought a wider view of the importance of ABF and the data collected on costs and activity.

An international perspective on developments in ABF was provided by Joanne Fitzgerald, Interim CEO of the Independent Hospital Pricing Authority in Australia. Each of the HPO teams provided an update on developments and actions on areas including the ABF Price List, Costing Update, Developing a Payment Platform for the Purchase of Waiting List Procedures, a HIPE Update and an update on the Outpatients Pilot Project. We said a final farewell and retirement wishes to HPO staff Deirdre Murphy and Maureen Lynn who were instrumental to HIPE and the success of many ABF conferences.

The ABF Implementation Plan and the ABF 2022 Admitted Patient Price List are available on the HPO website at www.hpo.ie. An online survey was opened at the conference for those involved in Activity Based Funding to identify additional training or information requirements that would be useful in view of the ABF Implementation Plan and the survey is available for completion on the HPO website.

The HPO would like to thank all of those who presented at the conference and those who attended in person or online. For those who could not attend the conference presentations are now available in the ABF Conference/ Education section of the HPO website.





ABF Conference 2022



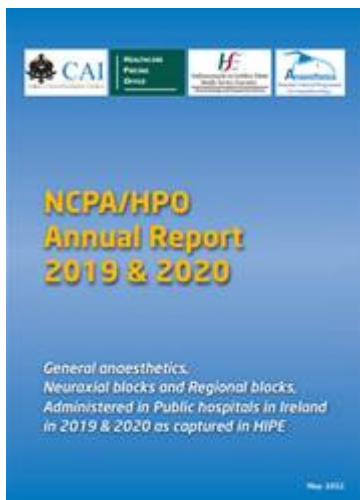
ABF Conference 2022



ABF Conference 2022



ABF Conference 2022



National Clinical Programme for Anaesthesiology (NCPA)/HPO ANNUAL REPORT 2019 & 2020

The National Clinical Programme for Anaesthesiology (NCPA) in conjunction with the College of Anaesthesiology Ireland and the Healthcare Pricing Office published their annual report on data for 2019 and 2020 in May 2022. This report covered two years of data due to the impact of the COVID-19 pandemic on producing such a report in 2020 or 2021. The report reviews general anaesthetics, neuraxial and regional blocks administered in public hospitals as captured in HIPE and is the seventh such report to be published. Data is also included from Organ Donation and Transplant Ireland as HIPE does not collect information on deceased organ donors.

The reports states that for 2019:

"The figures for 2019 are very similar to those of previous years with only minor fluctuations seen. The total number of anaesthetics administered in 2019 was 230,146 (Table 1 & Figure 1), which is within 1% of the average for the years 2016, 2017 and 2018. The patterns within the age categories are also maintained. There is a small but steady decrease in the number of patients under 36 years of age and an accompanying increase in the number over 36 years (Table 5 & Figure 5).

The number of anaesthetics given for emergency cases in 2019 shows an increase of 1,463 (4.5%) on 2018, (Table 4 & Figure 4). It should be noted that the number of emergency cases has been increasing steadily year on year since 2013 when the first NCPA/HPO Annual Report was published. The 2019 figure is the highest recorded to date. Just how real this yearly increase is however, is difficult to determine because it has been accompanied by a clear improvement in the use of the "e" modifier on anaesthetic records as evidenced by the decline in ASA 99 codes recorded by HIPE coders (Table 3 & figure 3). This means that emergency cases previously recorded in HIPE as elective or unknown are now correctly being recorded as emergencies.

The top four ACHI categories in which anaesthetics were administered were Obstetrics, the Musculoskeletal system, Gynaecology and the Digestive system (Table 7 & Figure 7), as has been the case in previous years."

For 2020 the impact of COVID 19 on the volume of anaesthetic activity is evidenced in the report which states;

"Not surprisingly this Report demonstrates activity for 2020 was significantly reduced in all clinical areas and across all Hospital Groups, with one exception, Obstetrics.

The total number of anaesthetics administered in 2020 was 187,733, a fall of 18.4% on 2019 while the number of patients reporting an anaesthetic fell by 19% (Table 1 & 2, Figure 1 & 2).

The fall in activity in the Hospital Groups varied from 10.1% in the RCSI Group to 31.7% in the UL Group, compared with 2019 (Table 8).

The patterns in the age categories referred to above for 2019 for patients aged less than 36 have continued but the increases noted for previous years for patients older than this have not continued (Table 5 & Figure 5). The number of anaesthetics given for emergency procedures in 2020 was 33,394, a fall of 0.8% on the 2019 figure (Table 4 & Figure 4). This is the second highest figure recorded since 2013 and the role of the increased use of the "e" modifier on the anaesthetic record has been noted above. (Table 3 & figure 3)."

The full report is available at:

<https://www.hse.ie/eng/about/who/cspd/ncps/anaesthesia/resources/ncpa-book-2019-2020.pdf>

Rezüm (Procedure)

The HPO have received a number of queries on a prostatic procedure called Rezüm.

The Rezüm system –is a minimally invasive water vapor thermal therapy destruction technique for obstructive benign prostatic hyperplasia.

A code was introduced in 10th edition and supersedes previous coding advice for this procedure.



<https://www.bostonscientific.com/en-EU/products/lithotripsy/rezum-water-vapor-therapy.html>

This code is indexed under the main terms, **Destruction** and **Vaporisation, prostate**.

Assign code 37224-00 [1162] *Endoscopic destruction procedures on prostate*

Following the pathway in the alphabetic index of procedures:

Destruction (ablation) (cauterisation) (coagulation) (cryotherapy) (diathermy) (HIFUS) (irreversible electroporation) (laser) (microwave) (radiofrequency) (thermotherapy)

Prostate

- - endoscopic (transurethral) 37224-00 [1162]
 - Endoscopic destruction of (lesion) (tissue)
 - Peri-prostatic region
 - Transurethral:
 - Greenlight laser vaporisation
 - Needle ablation of prostate [TUNA]
 - Ultrasound guided laser induced
 - Prostatectomy [TULIP]

Pain Management



Lower Back Pain

When coding back pain review the healthcare record to see if there is a cause mentioned.

Review the guidance in *ACS 1807 Acute and Chronic pain* for coding of chronic pain with a documented underlying cause. The standard also outlines the terms that are synonymous with chronic pain and those that are not.

Underlying cause of back pain:

ACS 1334 SPONDYLOSIS/SPONDYLOLISTHESIS/RETROLISTHESIS

Spondylosis is arthritis of the spine, whereas spondylolisthesis is forward slipping of one vertebral body on another. Retrolisthesis is backward slipping.

Assign:

Spondylosis	<i>M47. - Spondylosis</i>
Spondylolisthesis	<i>M43.1- Spondylolisthesis</i>
Retrolisthesis	<i>M43.2- Other fusion of spine</i>

The advice in *ACS 1330 SLIPPED DISC* provides guidance on the coding of a slipped disc which includes prolapse, displacement or herniation of the disc. The code assignment will depend on whether the slipped disc is due to a current injury or not.

ACS 1330 SLIPPED DISC

Where the diagnosis 'slipped disc' (ie displacement of intervertebral disc, herniation or prolapse) is reported as due to a current injury, assign a code from one of the categories pertaining to dislocation, sprain and strain of joints and ligaments:

- S13 Dislocation, sprain and strain of joints and ligaments at neck level*
- S23 Dislocation, sprain and strain of joints and ligaments of thorax*
- S33 Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis*

and

assign the appropriate external cause code.

If the diagnosis is not reported as due to a current injury, assign either *M50.2 Other cervical disc displacement* or *M51.2 Other specified intervertebral disc displacement*.

Assign late effect and external cause codes if applicable.

It should be noted that most cases should be coded as *M50.2* or *M51.2* as it is often difficult to link this condition to a particular injury.

Examples of coding for conditions relating to the back:



How do I code low back pain? There is no other detail available in the chart.

If, after clarifying with the clinician that there is no further specificity, follow the index and code by searching Pain/Back/Low which will bring you to the code:

M54.5 Low Back Pain. See also example 3 in ACS 1807 *Acute and chronic pain*

What are the codes for a displaced lumbar intervertebral disc?

Locate the main term Displaced in the alphabetic index and the modifier for "intervertebral disc", then locate the entry for "lumbar, lumbosacral"

M51.2 Other specified intervertebral disc displacement

What are the codes for displaced lumbar intervertebral disc with sciatica?

At the main term Displaced, follow the index and locate "intervertebral disc" and the modifier for "lumbar, lumbosacral" and there is an entry for "neuritis, radiculitis, radiculopathy or sciatica" advising that 2 codes are assigned

*M51.1† G55.1**

M51.1† Lumbar and other intervertebral disc disorders with radiculopathy

G55.1 Nerve root and plexus compressions in intervertebral disc disorders*

A patient has an emergency admission for an acute displaced thoracic lumbar disc T3/T4 following an accident. What are the correct codes for the displaced discs?

At the main term Displaced, follow the index and locate "intervertebral disc" and the modifier "thoracic/thoracolumbar" and there is an entry for "due to major trauma" advising that code S23.1- is assigned.

S23.12 Dislocation of T3/T4 and T4/T5 thoracic vertebrae

Please note: there are extensive "Use additional code" notes at category S23 *Dislocation, sprain and strain of joints and ligaments of thorax*. If you are coding traumatic dislocation of vertebrae or other conditions in this category please ensure you check the use additional code notes for specific, complete coding of these injuries. Additional codes are required for associated fractures of vertebrae, spinal cord injuries, open dislocations,

Procedure codes for Back Pain.

Rhizolysis

"Rhizolysis/radio frequency lesioning (denervation) is a procedure where nerves to facet joints (medial branch nerves) are destroyed (sometimes called lesioning or denervation). The procedure is usually undertaken when medial branch blocks have proven to produce significant pain relief for a short duration. The purpose is to try and produce more prolonged pain relief sometimes even lasting a number of years.

The probe is heated to disrupt the nerves; however some doctors may use other techniques to do this. In addition, local anaesthetic and/or steroid are injected to reduce any post procedural discomfort. Usually, several injections are undertaken during the same procedure. It is used for localised spinal pain in the back or neck area where simpler measures have not helped." Source <https://www.southtees.nhs.uk/services/pain-management/pain-management-interventions/rhizolysis-and-radio-frequency-lesioning/>

Code assignment: Where there is documentation of Rhizolysis being performed

Follow the ACHI Alphabetic Index: Rhizolysis and assign

40330-00 [49] Decompression/spinal/nerve roots (rhizolysis)



Facet Joint Injection

A facet joint injection “is an injection of a mixture of local anaesthetic (medication to temporarily numb the nerves) and steroids (anti-inflammatory medication) into a facet joint. The facet joints are small weight-bearing joints located in pairs on the back, from the neck to the lower back. The local anaesthetic in the mixture helps to relieve the pain and the steroid reduces the inflammation”. Source: <https://www.pat.nhs.uk/downloads/New%20NCA%20Leaflets/Pain%20Service/461%20-%20Facet%20Joint%20Injection.pdf>

Code assignment: Follow the ACHI Alphabetic Index : Administration/joint/facet (articular processes) (corticosteroid) (local anaesthetic) assign:

39013-00 [31] *Administration of agent into zygo-apophyseal (facet) joint*

Botox Trigger Point Injection

“A trigger point injection can help soothe myofascial pain, especially in your neck, shoulder, arms, legs and lower back. Trigger points are painful “knots” in your muscles that can be very sensitive to touch/pressure. They may form after acute trauma or by repetitive micro-trauma, leading to stress on muscle fibers. It causes the muscle fibers to be stuck in a contracted state. Sometimes you can feel these knots when you rub your muscle.

Trigger point injections commonly involve injections of local anesthetic with or without corticosteroid, botulinum toxin, or without any injection substance (dry needling)”. Source <https://my.clevelandclinic.org/health/treatments/17582-trigger-point-injection#:~:text=A%20trigger%20point%20injection%20can,to%20stress%20on%20muscle%20fibers.>

Code assignment:

Follow the index for procedures Administration (around) (into) (local) (of) (therapeutic agent)/ specified site - - muscle NEC 18360-01 [1552]

18360-01 [1552] *Administration of agent into soft tissue*

Botox injections into multiple muscles, performed during one visit to theatre, is classified as per the guidelines in ACS 0020 *Bilateral/multiple procedures* see Classification, point 4 which states:

The SAME PROCEDURE repeated during a visit to theatre involving MORE THAN ONE ENTRY POINT/APPROACH and more than one non-bilateral site.

Assign a code for each procedure as there is a separate entry point/approach for each one.

Therefore, assign 1 8360-01 [1552] *Administration of agent into soft tissue, not elsewhere classified* as many times as performed for botox injections into multiple muscles

Allied Health Interventionists



A number of queries have arisen during recent audits around the use of codes from Block [1916] *Allied Health Interventions*. Specific Allied Health Professional groups are listed in the standard ACS 0032 *Allied Health Interventions*. Allied health interventions is the most frequently assigned principal procedure for inpatients, see Page 59, 2020 HIPE Annual Report.

As per ACS 0032 *Allied Health Interventions*:

- For inpatient coding it is only necessary to assign the general code(s) from block [1916] Generalised allied health interventions.

The code 95550-11 *Allied health intervention, other* will have limited use in Ireland as the majority of Allied Health Professional groups are specifically listed in Block [1916]. The HPO are reviewing the use of 95550-11 nationally and this code is not to be routinely used outside of allied health professionals. If you have any queries relating to the assignment of this code please contact the HPO directly.

Example

An inpatient is seen by a physiotherapist (five interventions performed), a social worker (two interventions performed) and a dietitian (one intervention performed) during an episode of care.

Codes:

95550-03 [1916] *Allied health intervention, physiotherapy*

95550-01 [1916] *Allied health intervention, social work*

95550-00 [1916] *Allied health intervention, dietetics*

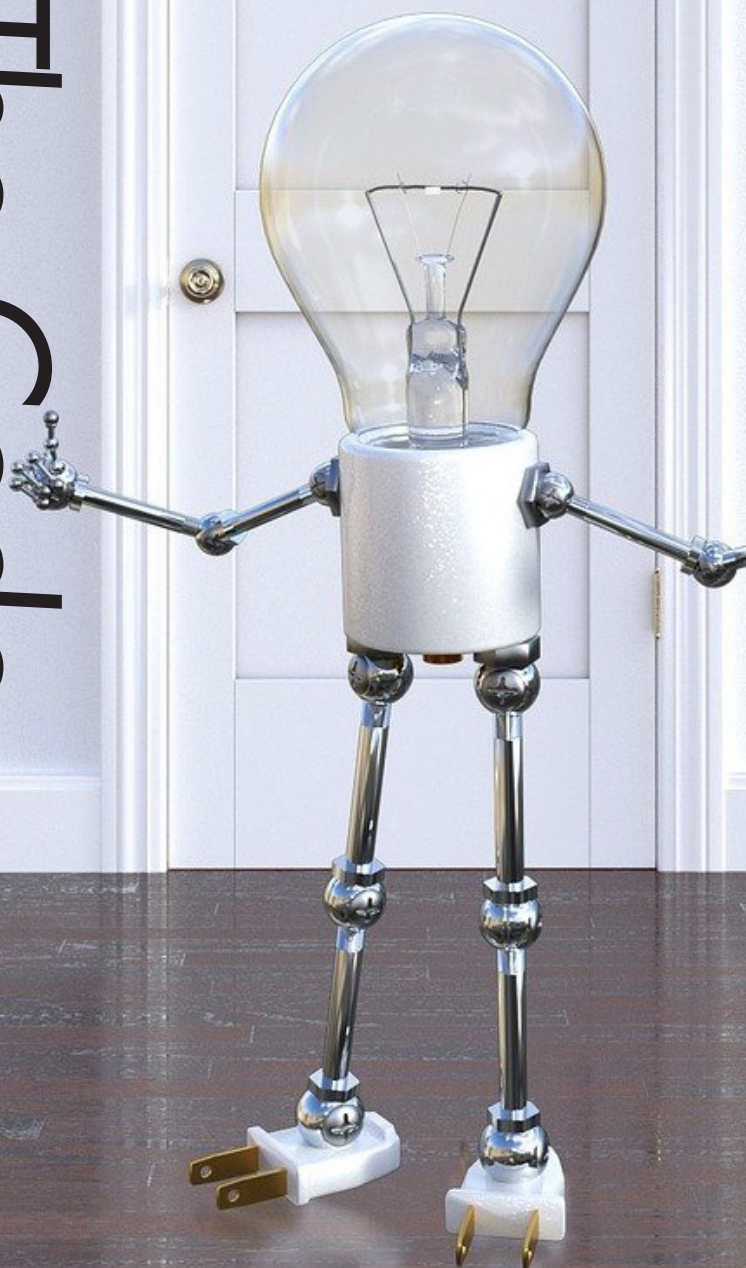
Ukraine Temporary Protection Directive

HIPE collects where patients are covered by the Ukraine Temporary Protection Directive and guidance on this flag is contained in the HIPE Instruction manual. Coders are reminded to assign a value of “yes” when a patient is covered by the Directive. The flag defaults to no and must be manually updated by the HIPE coder when this information is available from the healthcare record.

For babies born in Ireland to mother’s covered by the Ukraine Temporary Protection Directive, the flag can be assigned to the babies as the directive includes family members.

The HPO are exploring options to download this information for relevant patients in 2023.

Cracking The Code



What codes are assigned for insertion, replacement and removal of bandage contact lens?

Bandage contact lenses (BCLs) are predominantly used in the treatment of ocular surface diseases (Solomon 2013). However, they may also be used in other circumstances. BCLs mechanically protect the eye by shielding the epithelial surface from the external environment and sources of infection, promote re-epithelialisation and reduce discomfort and pain during blinking (Rachel et al. 2019). BCLs can be applied alone or in conjunction with other eye operations such as corneal glueing.

For application of BCL alone, assign 96092-00 [1870] *Application, fitting, adjustment or replacement of other assistive or adaptive device, aid or equipment.*

Follow the ACHI Alphabetic Index:

Fitting

- contact lenses 96092-00 [1870]

For removal of BCL alone, assign 90061-00 [165] *Other procedures on eyeball.*

Follow the ACHI Alphabetic Index:

Removal

- contact lens

- - as operative procedure 90061-00 [165]

For **replacement** of BCL not in conjunction with other eye procedures, assign:

90061-00 [165] *Other procedures on eyeball* and

96092-00 [1870] *Application, fitting, adjustment or replacement of other assistive or adaptive device, aid or equipment*

When insertion, removal or replacement of BCL is performed in conjunction with other eye procedures such as corneal glueing, it is regarded as a procedure component. Therefore, as per the guidelines in ACS 0016 General procedure guidelines/Procedure components, do not assign a separate code for insertion, removal or replacement of BCL.



How do I code a patient admitted with orthostatic hypotension and type 2 diabetes?

As the patient was admitted with orthostatic hypotension this will be assigned as the principal diagnosis, followed by the code for diabetes. See Rule 4b ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia*.

Assign code *I95.1 Orthostatic hypotension* as principal diagnosis followed by *E11.43 Type 2 diabetes mellitus with diabetic autonomic neuropathy*.

Following the index

Diabetes

- with

--hypotension

---orthostatic E1-,43



How do I code the procedure Bladder Instillation of Cystistat?

Cystistat is a solution containing sodium hyaluronate, used to treat bladder conditions.

Look up the main term Instillation, bladder and assign *96201- Intracavitary administration of pharmacologic agent* with extension code -19 for cystistat

Instillation

-Bladder 96201 [1920]

96201-19 [1920] Intracavitary administration of pharmacological agent, other and unspecified pharmacological agent



What procedure code should I assign for division of labial adhesions?

We suggest coding to:

35566-00 Excision of vaginal septum

Division of vaginal adhesions

Division

- - Adhesions

- --Vagina

35566-00 [1282] Excision of vaginal septum



A patient was admitted with contusions which are well documented in the chart as being secondary to long lie (2 days on the floor). What external cause code is used for the long lie?

If contusions are not caused by a fall or other injury and are solely related to lying on the ground we suggest coding the external cause code *X58 Exposure to other specified factors*.

Look up exposure – factor – environmental (X58) or specified NEC (X58). The contusions cannot be attributed to a fall or any other mechanism of injury based on the information available.



A patient was admitted with a periprosthetic infection following THR and underwent DAIR procedure. The clinical notes defined this as “Debridement Antibiotic Insert Retention”. How is this coded?

We have received the following advice from IHPA in relation to DAIR Procedure.

“Debridement, antibiotic and implant retention (DAIR) is an intervention to treat prosthetic joint infection occurring after total joint replacement. The intervention consists of debridement and removal of all infected tissues and synovial membrane, obtaining tissue specimens for microbiology testing and extensive irrigation with antibacterial solution. The prosthesis is retained while removable components such as polyethylene or acetabular liners are replaced”.

DAIR is considered as a revision of a total joint replacement and does not require separate codes for each component.

Where DAIR is performed following a total hip replacement, assign
49324-00 Revision of total arthroplasty of hip (Partial revision of total hip replacement / Revision of total joint replacement of hip) From Block 1492”



What codes are assigned where a patient delivers a single live birth by spontaneous delivery and requires manual removal of the placenta

In Ireland where a patient has a spontaneous delivery and requires manual removal of the placenta the code assignment is:

083 Other assisted single delivery
Z370 Single livebirth

With procedures codes
90467-00 (1336) Spontaneous vertex delivery
90482-00 (1345) Manual removal of placenta
 Plus anaesthetic code as appropriate.

Please see *ACS 1505 DELIVERY AND ASSISTED DELIVERY CODES*

In addition to the manual removal of placenta procedure code, the delivery procedure code is also coded to provide information on the method of delivery and also to allow for data on methods of delivery to be extracted. Coding the manual removal of placenta alone would not provide data on the method of delivery.

The HPO will consider creating an Irish Coding Standard to provide clarification on this area.



Do you have a HIPE coding query?

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

Please anonymise any information submitted to the HPO.



Diabetes workshops

Two Diabetes workshops will be held (in-person) during November. Please refer to the back page for details on dates, times and venues.

Please note that places are limited so early booking is advised. Applications to attend must be submitted at least two weeks in advance of the workshop to allow for completion of pre-course study and exercises. Following registration, if for any reason you become aware that you will not be able to attend the workshop **please notify us immediately.**

Pre-course work: It is of paramount importance that pre-course exercises and case studies are completed and brought to the workshop venue on the day, as these will form a key component of the learning activities.

The workshop will include the following:

- Review and discussion of pre-course exercises and case studies
- Overview of HIPE Data Quality checks and findings
- Refresher on the general classification guidelines for diabetes
- Specific classification principles for DM & IH
- DM & IH with features of insulin resistance
- DM & IH with multiple micro-vascular complications
- Foot ulcers and diabetic foot

If you have any specific queries or scenarios that you would like included please submit them to hipe.training@hpo.ie by **1st November** for consideration.

Intermediate Obstetric Workshop

An Intermediate obstetric workshop will be held on **Tuesday 18th October via Zoom from 10am – 4pm** and is suitable for coders who have completed an Introduction to obstetrics course and will include training on the following:

- Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth & the puerperium
- Maternal care related to the fetus and amniotic cavity and possible delivery problems
- Complications of labour and delivery including:
 - Premature rupture of membranes
 - Pre-term delivery
 - Placental disorders
 - False labour
 - Failed induction

Pre-course reading and exercises will be dispatched to participants for completion in advance of the course.

Upcoming Courses



To apply for any of the advertised courses, please complete the online training application form at: www.hpo.ie/training or use this: <http://www.hpo.ie/training/frmTraining.aspx>

Please ensure you enter the correct work email address when applying for courses. Please do not use personal email addresses. 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 hipe.training@hpo.ie

When applying to participate in training courses please take note of the details regarding the venue or method of delivery.

Closing date for completion of online application forms for all courses.

To allow time for the HPO Education Team to dispatch training materials and for completion of pre-course learning activities by participants in advance of courses, it is paramount that applications are submitted on time. Please submit completed applications no later than 7 working days in advance of the course start date.

Essential materials to participate in courses online you will require the following:

- ICD-10-AM/ACHI/ACS 10th edition (IEBook or hard copy)
- Training materials, dispatched in advance of the course
- Irish Coding Standards 2022 (V1)
- 2022 HIPE Instruction Manual (V3.0)

Training on changes to HIPE Variables 2022 (including Ukraine Flag)

The link to a training video was despatched to all HIPE coders on the 5th April. If you did not receive this please contact: hipetraining@HPO.ie

Please inform the HPO if a new member of staff joins your HIPE department and we will dispatch a starter pack and arrange training as appropriate

Coding Skills 1

This two day training course is held at the HPO within two weeks following the Introduction to HIPE II, and provides HIPE clinical coders with an introduction to the ICD-10-AM/ACHI/ACS classification. It provides training on analysing documentation in the medial record, and abstracting relevant information to be coded. Coding Skills I includes training in the use of the HIPE Portal software. Participants must complete the Introduction to HIPE I & II before attending this course.

Date: Tue 11th - Wed 12th October 2022
Time: 10.00am – 5.00 pm each day
Location: HPO only

Coding Skills II (A)

This three-day training course is held at the HPO, approximately one month after Coding Skills I. The course is centred on clinical coding and clinical coding guidelines for common conditions & diseases and associated interventions and includes HIPE Portal training and an introduction to Australian Refined Diagnosis Related Groups (ADRGs). Participants must complete Introduction to HIPE I & II and Coding Skills I, and in addition are required to complete any pre-course reading and exercises, as appropriate before attending this course.

Date: Tue 8th - Thurs 10th November 2022
Time: 10.00am – 5.00 pm each day
Location: HPO only

Coding Skills IV Workshops

Coding Skills IV Workshops: Diabetes

This workshop is suitable for coders at all levels of experience. Please refer to page 16 for further details.

Date: Tuesday 15th November 2022
Time: 10.00am - 5.00pm
Location: HPO only

Date: Thursday 17th November
Time: 10am – 5pm
Location: Education Centre Merlin Park Hospital, Galway
(as places are limited, coders from Galway will be given priority)

Date: Wednesday 30th November
Time: 9.30am - 4.30pm
Location: Bru Columbanus, Wilton, Cork
(as places are limited, this course is restricted to those working in Cork hospitals only)

Coding Skills IV Workshops

Coding Skills IV Workshops: Intermediate Obstetrics

Date: Tuesday 18th October 2022
Time: 10.00am – 4.00pm
Location: Online only

This course is suitable for coders who have completed an Introduction to obstetrics course. Please refer to page 16 for further details.

Pre-course reading and exercises will be dispatched to participants for completion in advance of the course. If there is a specific area that you would like included in the content of this course please submit details to hipe.training@hpo.ie by **Friday 7th October**.

Coding Skills II (B) Respiratory

This 1 day course focuses on common respiratory conditions, coding and classification guidelines in relation to these conditions, and associated interventions. Participants must complete Coding Skills II (A) before attending this course. Pre-course videos are dispatched for viewing in advance as part of this course.

Date: Wednesday 23rd November 2022
Time: 10.00am - 5.00pm
Location: Online only

Coding Skills II (C) Endoscopy

This course includes pre-recorded tutorials and workbooks containing clinical and coding information associated with same-day endoscopies. The tutorials are to be viewed and exercises completed in advance of participating in a half day follow-up course. The half-day follow-up course is centred on the clinical coding of same day endoscopies and the associated clinical coding guidelines. Participants must also have completed Coding Skills II (A) & Coding Skills II (B)

Date: Wednesday 7th December 2022
Time: 10.30am - 1.00pm
Location: Online only

Data Quality

This is an update on data quality activities and tools including The Portal, HCAT and Checker. This session will be repeated subject to demand.

Date: Thursday 8th December 2022
Time: 11.00am – 1.00 pm
Location: Online only

Thought for the day

"It always seems impossible until it is done."

Nelson Mandela