

Coding Notes

HIPE & NPRS UNIT, ESRI

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SARS

Severe Acute Respiratory Syndrome

SARS is a new condition that has come to world attention recently. It is an atypical pneumonia of unknown aetiology which was recognized at the end of February

2003. The World Health Organization (WHO) is co-ordinating the international investigation with the assistance of the Global Outbreak Alert and Response Network and is working closely with

health authorities in the affected countries to provide epidemiological, clinical and logistical support as required. The cause of Severe Acute Respiratory Syndrome has finally been confirmed by the World Health Organisation (WHO). A new pathogen, a member of the corona virus family never seen before in humans, is behind the disease that has claimed the lives of over 300 people worldwide. Using animal trials, scientists at the Erasmus Medical Centre in Rotterdam, Netherlands, found that the new corona virus definitely causes SARS and have labelled it the 'SARS virus'.

Coding of SARS

From the information currently available code the condition as follows:

▶ When a confirmed diagnosis of SARS is documented in the patient's chart, codes **480.8 Pneumonia due to other virus, not elsewhere classified**, & **V07.0 Isolation** are assigned.

▶ If a patient is admitted to your hospital suspected of having SARS, but after study the SARS virus is *ruled out*, the principal diagnosis assigned is **V71.8 Observation for other specified conditions, not found** & **V01.8 Contact or exposure to other communicable diseases** & **V07.0 Isolation**.

For more information see: www.who.int

Pneumonia

Pneumonia is a common respiratory infection that is coded in several ways in ICD-9-CM. Combination codes that account for both pneumonia and the responsible organism are included in Chapter 1 (Infectious and parasitic diseases) and Chapter 8 (Diseases of the Respiratory System) of ICD-9-CM. When the diagnostic statement is pneumonia without any further specification, the coder should review laboratory reports for mention of the causative organism and check with the physician to determine whether there appears to be support for a more definitive diagnosis. When the organism is not identified, code **486, Pneumonia, organism unspecified**, is assigned.

Lobar Pneumonia

A diagnosis of pneumonia that mentions the affected lobe is not classified as lobar pneumonia unless specifically documented as such by the physician. A diagnosis of **lobar pneumonia (481)** does not refer to the lobe involved but to a particular type of pneumonia, which is usually caused by *Streptococcus pneumoniae*.

Sources:

ICD-9-CM Coding Handbook by Faye Browne, AHA, 1998, Chicago
American Hospital Association Coding Clinic

Marie Glynn, Training Coordinator



Cracking the Code



A selection of queries received in the H.I.P.E. Unit recently:

Question: How should we code the diagnoses of a patient admitted for Removal of Sclerocorneal Sutures post cataract extraction and post insertion of lens?

Answer: Code **V58.3 Admission for Removal of Sutures** followed by **V45.61 Cataract Extraction Status** and **V431 Status Lens Replacement**. For the removal of the sutures use procedure code **97.38 – Removal of sutures from head and neck**.

Question: What procedure codes are used for an extracapsular cataract extraction of the left eye with an intraocular lens insertion?

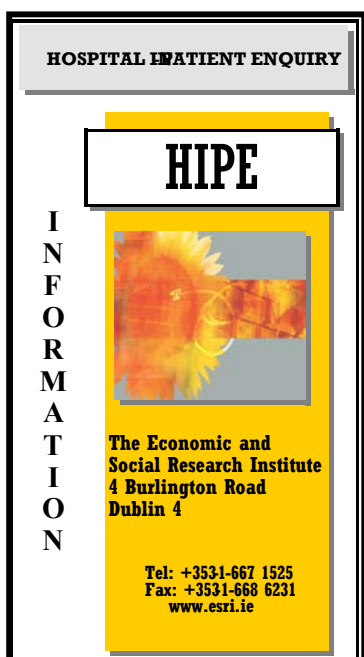
Answer: Two procedure codes are required in this case with code **13.59 - Other Extracapsular Extraction of Lens** sequenced first followed by code **13.71- Insertion of intraocular lens prosthesis** at time of cataract extraction.

Question: A patient was admitted to our hospital with Asthma and COAD. Do I need to code these separately?

Answer: **493.2x Chronic obstructive asthma** is the correct code to use for this diagnosis. This instruction is in the exclusion note at code **496 Chronic Obstructive Airways Disease**.

Question: A patient was diagnosed after a breast biopsy with Intraductal Breast carcinoma (carcinoma in-situ) and Invasive Breast carcinoma. Do we code both carcinomas?

Answer: No. Code only the Invasive carcinoma **174.x Malignant neoplasm of the breast**. Carcinoma in situ is an earlier stage and if any carcinoma is described as invasive it is no longer classified as in-situ.



Enclosed in this edition of *Coding Notes* is a brochure on HIPE. This brochure may be distributed to anyone who requires information on HIPE.

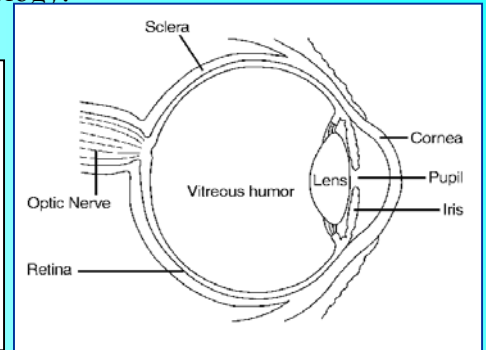
If you would like additional copies please contact the HIPE Unit and we can send you as many as you need.

Terminology Trail....



Jacqui Curley presents this new feature on specialty terminology.

Diseases of the Eye are classified in **Chapter 6 of ICD-9-CM – Diseases of the Nervous System and Sense organs**. The subchapter - Disorders of the Eye and Adnexa includes codes [360-379](#). Eye procedures are contained in Chapter 3 of the tabular procedures classification **Operations on the Eye** this includes codes [08-16](#).



“The classification for diseases of the eye is very detailed, and understanding the terminology used is especially important for the coder.” - Faye Brown’s ICD-9-CM Coding Handbook, 1999 Revised Edition, AHA Press.

Ambylopia: Dimness of vision without detectable organic lesion, sometimes called “lazy eye”.

Age-related macular degeneration (AMD, ARMD): Degeneration in the macular region of the retina that results in decreased central vision. There are two general types “dry” which is more common, and “wet” , in which abnormal new blood vessels grow under the retina and leak fluid and blood.

Anterior Chamber Angle: Angle between the iris and the cornea that contains the trabecula and through which the aqueous fluid flows out of the eye.

Aphakia: Absence of the eye’s crystalline lens, such as after cataract extraction.

Aqueous Humor: A transparent fluid secreted by the ciliary processes into the posterior chamber.

Provides nourishment to the eye and surrounding tissues.

Aqueous Shunt: Inserted during glaucoma surgery – controls intra-ocular pressure

Argon Laser Trabeculoplasty (ALT): ALT can be effective in lowering intraocular pressure when medical treatments fail to control open angle glaucoma. A series of argon laser applications (from 50-100 coagulations) is made to the drainage meshwork within the eye.

Blepharitis: An inflammation of the edges of the eyelids involving hair follicles and glands that open onto the surface.

Blepharoplasty: Any plastic surgery of the eyelids.

Cataract: Opacity or cloudiness of the crystalline lens which may prevent a clear image from forming on the retina

Cataract Extraction: Removal of a cloudy lens from the eye. An extracapsular cataract extraction leaves the rear lens capsule intact. Intracapsular extraction involves the complete removal of the lens with it’s capsule.

Chalazion: A small bump that develops on the upper or lower eyelid caused by inflammation of the meibomian glands that produce the oil in tears.

Choroid: Vascular layer of the eye between the retina and the sclera.

Ciliary Body: Part of the eye that produces aqueous humor.

Conjunctiva: Transparent membrane that lines the exposed eyeball (except the cornea) and the inside of the eyelid

Conjunctivitis: Inflammation of the conjunctiva. May be bacterial, viral or allergic in origin and may be contagious.

Convergence:Inward movement of both eyes toward each other.

Cornea:Transparent front surface of the eye that covers the iris, pupil and anterior chamber.

Dacryocystorhinostomy (DCR):Procedure to establish a new connection between the tear ducts and the nasal passage to create normal tear drainage.

Diabetic retinopathy: A disorder of the retina resulting from changes in the eye blood vessels in some people with diabetes.

Diplopia: Double vision

Ectropian: Outward turning of upper or lower eyelid

Entropion: Inward turning of upper or lower eyelid.

Enucleation: Removal of the eye.

Esotropia: Cross eyes – one eye fixates normally the other towards the nose

Evisceration: Partial enucleation, the scleral shell is left intact with removal of the intraocular contents.

Exotropia: One eye fixates normally the other fixates outwards.

Extraocular muscles: 6 muscles that move the eye – lateral rectus, medial rectus, superior oblique, inferior oblique, superior rectus and inferior rectus.

Filtering Bleb: Surgically coated vesicle or blister to provide drainage in open angle glaucoma.

Glaucoma: A disease that impairs vision when fluid and pressure build in the eye.

Intraocular Lens (IOL): Surgically implanted plastic lens.

Iris: Pigmented tissue located behind the cornea that gives colour to the eye.

Keratoconus: Hereditary degenerative corneal disease.

Lens, crystalline: Transparent structure inside the eye that focuses light rays onto the retina.

Levator muscle: Raises the upper eyelid, innervated by the third (oculomotor) nerve

Neovascularization: Abnormal formation of new blood vessels involving the retina or iris

O.D.: Oculus dexter, right eye

O.S.: Oculus sinister, left eye

O.U.: Oculus uterque, both eyes

Ocular adnexa: Body structures in close proximity to the eye.

Penetrating Keratoplasty: Corneal transplant

Phacoemulsification: Use of ultrasonic vibration to break up a cataract making removal easier

Photorefractive keratectomy (PRK): Use of high intensity laser light to correct refractive errors by reshaping the cornea (includes LASIK)

Pterygium: Wedge shaped growth on the conjunctiva may advance onto the cornea.

Ptosis: Drooping of the eyelid

Retina : Converts images into electrical impulses that are sent to the brain

Retinal detachment: The separation of the retina from the back of the eye.

Retinal photocoagulation: The treatment of blood vessel disorders of the retina by laser

Sclera: The tough white outer coat of the eyeball.

Scleral buckling: The treatment of retinal detachment by indenting the sclera so that it can adhere to the detached retina.

Slit Lamp: Microscope used in eye examination also serves as a delivery system for many types of lasers and diagnostic attachments.

Strabismus: Extraocular muscle imbalance causing misalignment of the eyes.

Stye: A bacterial infection of a sebaceous gland of the eyelid

Tonometry: The measurement of intraocular pressure

Vitrectomy: The removal of vitreous humor from the eye

Vitreous Detachment: The separation of vitreous humor from the retina.

Vitreous Humor: The clear jelly like substance that fills the centre of the eye.

YAG Laser: Laser that produces a light beam to cut, perforate or fragment tissue

Sources: www.eyeglossary.net

www.marylandophthalmology.com

www.nei.nih.gov/health/glossary.htm (National Eye Institute website in U.S.A.)

St. Anthony's Ophthalmology Clinic for Hospitals, 1995 St. Anthony Publishing Inc.

Windows HIPE Reporter Workshop

Basic Training Workshops on Windows HIPE Reporting
will be given on



Tuesday 13th May Mid-
Western Health
Board IT Training
Centre,
Catherine Street,
Limerick

These courses are
open to all
coders.

In addition,
'refresher' places
will be allocated
if numbers
permit.

Wednesday 4th June
Dublin City
University,
Ballymun Road,
Dublin 9

For further information please contact:

Ms. Natalie Wall, HIPE & NPRS Unit, Tel: (01)6671512 or E-mail: natalie.wall@esri.ie

These will be the last Windows Reporter Workshops for 2003

HIPE National Files - "Open" Years

The HIPE National File for 2000 is about to be "closed". Thank you for forwarding additional records and corrected records to the HIPE & NPRS Unit. These will all be included in the final file. **The open years from May onwards are 2001-2003 inclusive.** Anytime you wish to send additions or corrections for 2001 please include them in your monthly export by changing the default start year from 2002 to 2001.

HIPE National Coverage

Since 1995 HIPE National coverage has remained at around 95%. The HIPE Unit has just written to hospitals about 2002 coverage and would like to remind every participating HIPE hospital that 100% coverage of In-Patient and Day Case activity is required. It is in your hospital's interest that the most complete and accurate data are provided **within 3 months of discharge**. Complete and accurate capture of HIPE hospital activity ensures that the data can be used with confidence at local, health board and national level for a wide range of health service management, clinical and epidemiological applications. Complete coverage is particularly important when providing statistics on rare conditions as even a few missing cases can make a difference.



Review Quiz



You will find *all* the answers in this and previous editions of *Coding Notes*.

Please send your answers along with your contact details by e-mail or by regular mail. All correct entries will be included in a prize draw.

1. What is the code for twin-to-twin transfusion (syndrome) affecting a patient's pregnancy?
2. A new diagnosis code range was introduced for use from 1st January 2003. What does the new code range 995.9x represent?
3. What code is used for Myelodysplasia?
4. What are the codes assigned when a patient is discharged having had suspected SARS ruled out as a diagnosis?

E-mail addresses

Last edition we asked you to send us your e-mail addresses. If you still haven't done this please send a message to deirdre.murphy@esri.ie and we can set up an e-mail list. We are hoping to send out Coding Notes via e-mail also.



Christmas Crossword Result
Thanks to everyone who entered - the
winner is
Patricia Riordan
Wexford General
Congratulations!
Your prize is on its way!

Upcoming HIPE Coding Courses

Basic Course

Always let us know when you need a new Coder trained and we will let you know when the next course is scheduled, usually about every 6-8 weeks.

An **Intermediate course** is being arranged and candidates will be contacted closer to the time.

UPCOMING CODING WORKSHOPS in the ESRI

These workshops are for coders who ideally have attended at least a basic coding course.

1. Neoplasms One-Day combination Workshop Monday 26th May 2003

Morning 10am – 1pm

The morning will cover the basics of neoplasm coding for those who have never attended a workshop before or who need a refresher on the topic.

Afternoon 2pm – 4.30pm The afternoon will be a more in-depth look at neoplasm coding.

2. Plastics Half Day Workshop Tuesday 27th May 2003

10am – 1pm

3. Circulatory Half Day Workshop Tuesday 27th May 2003

2pm – 4.30pm

4. Obstetrics Workshop Wednesday 28th May 2003

Morning 10am – 1pm

The morning will cover the basics of obstetrics coding for those who have never attended a workshop before or who need a refresher on the topic.

Afternoon 2pm – 4.30pm The afternoon will be a more in-depth look at obstetrics coding.

Regional Workshops

We are always happy to facilitate regional workshops. These can be general coding workshops or focusing on a specific area of coding.

Please contact Marie Glynn in the H.I.P.E. Unit (01-6671525) Ext. 467 for application forms or information on any coding course or workshop.

If you have any ideas for future topics for Coding Notes please let us know.

Thanks and keep in touch.

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