

Coding Notes

HEALTHCARE
PRICING
OFFICE

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April 2015

A busy year so far.



First HIPE Coder Graduation

Saturday, 21st February 2015 was an historic day in HIPE 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 16 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 HIPE 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 HIPE data are now being used for Activity Based Funding (ABF) and the annual conference (formerly the 'Casemix Conference') will be held at the RSCI in Dublin in May 2015. Wednesday afternoon, 27th May will be a closed technical session for those working directly in HIPE 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 HIPE 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 ESRI 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 7718414

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Activity in Acute Public Hospitals in Ireland 2013 Annual Report

The 2013 HIPE report presents information on coded discharges from 54 Irish acute public hospitals participating in HIPE in 2013. This report is made possible by all the hard work done by HIPE staff throughout the hospitals. At a national level, HIPE data can inform policy decisions and developments in areas such as hospital budgeting, service planning, workload measurement etc. Information on the number of day patient and in-patient discharges, together with their demographic characteristics and geographical distribution are presented. The number and type of diagnoses and procedures reported for discharges, together with the case mix treated, are also profiled. The demographic and morbidity analyses for *Maternity* discharges are presented separately to enable a more comprehensive overview of trends in this area.

MAIN FINDINGS OF THE 2013 REPORT

Total Discharges

- Over 1.55 million discharges were reported by the participating hospitals compared to 1.54 million discharges in 2012 – an increase of 0.9%. The average annual increase in discharges between 2009 and 2013 was 2.5%.
- Day patients accounted for 60% of total discharges in 2013, an increase of 1.8% since 2012. This compares with 58.2% of total discharges in 2009; the average annual increase over the period 2009 and 2013 was 3.3%.
- At 34.1%, over one-third of total discharges were aged 65 years and older, an increase of 3.7% between 2012 and 2013.

Length of stay

Nationally, acute in-patient average length of stay was 4.1 days in 2013, an average annual decrease of 2.4% since 2009.

Mean Number of Diagnoses and Procedures Reported

- The mean number of diagnoses recorded for total discharges (excl. *Maternity*) was 2.6.
- The mean number of diagnoses recorded for in-patient discharges was 3.7 compared to 2.0 for day patients.
- A principal procedure was recorded for 83.1 per cent of total discharges (excl. *Maternity*).
- For those discharges who underwent at least one procedure, in-patient discharges had a mean number of 2.9 procedures recorded, compared to a mean of 1.4 procedures for day patients.

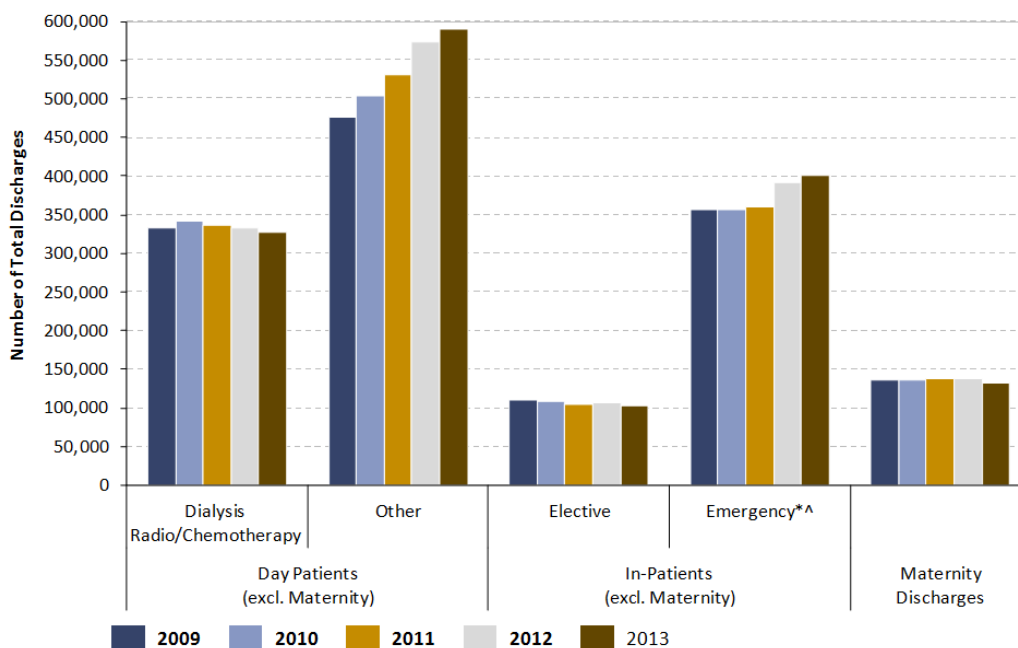


Figure 1 provides details of the admission type for total discharges as reported to HIPE for 2009-2013

Activity in Acute Public Hospitals in Ireland, 2013 Annual Report is available at www.hpo.ie

Perinatal Statistics

2013 Report

For all babies born in Ireland in 2013, this report presents information reported to the National Perinatal Reporting System (NPRS) on pregnancy outcomes, together with descriptive social and biological characteristics of all mothers giving birth.

MAIN FINDINGS OF THE 2013 REPORT

- 69,267 births were reported to NPRS in 2013, representing a 3.8 per cent decrease between 2012 and 2013
- 6% of total births were preterm (less than 37 weeks gestation)
- 6% of live births were low birthweight (less than 2,500 grams)
- 2% of live births were high birthweight (4,500 grams or more)
- 46% of babies were exclusively breastfed, (see Figure 2 below) compared to 42% in 2009 and 45% in 2004
- 30% of total live births were delivered by caesarean section
- The perinatal mortality rate was 6.3 per 1,000 live births and stillbirths (6.0 per 1,000 singleton births and 14.9 per 1,000 multiple births). This rate has fallen by 22% since 2004, when it was 8.1 per 1,000 live births and stillbirths
- The average age of mothers has increased from 30.8 years in 2004 to 32.1 years in 2013
- 32% of mothers were aged 35 years or older, up from 24% in 2004
- 20% of first births were to women aged 35 years or older compared to 13% in 2004
- 2% of total mothers giving birth were aged under 20 years, compared to 4% in 2004
- 38% gave birth for the first time, with an average age for first time mothers of 30.3 years
- 2% had a multiple pregnancy
- 23% of births in 2013 were to mothers born outside Ireland compared to 24% in 2009 and 15% in 2004.

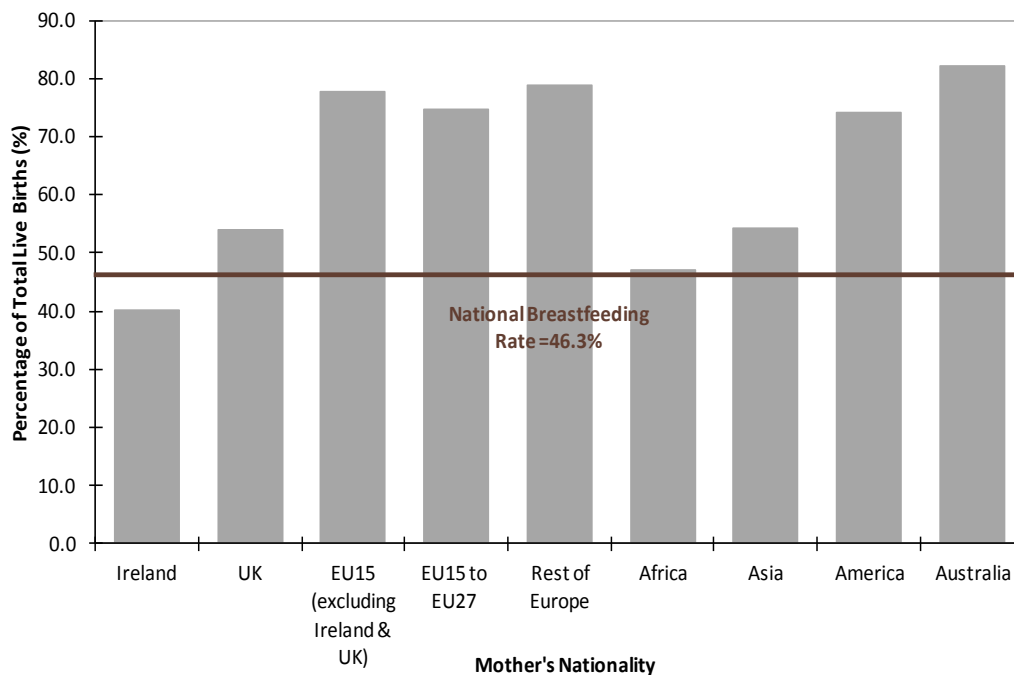


Figure 2: Percentage Distribution of Breastfed Infants by Mother's Nationality, Total Live Births 2013

The NPRS 2013 Report is available at www.hpo.ie

ACS 0042 Procedures normally not coded

The procedures listed in ACS 0042 *Procedures normally not coded* 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.

Before you refer to the list of *procedures normally not coded* please refer to the following note at the beginning of the Australian Coding Standard.

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 (e.g. elderly patients, those who live in remote locations). Source: ACS 0042 *Procedures normally not coded*.

Also please remember to refer to the exceptions throughout the list of procedures normally not coded.



In 8th edition the main changes are:

- ⇒ Expansion of list of radiological procedures not to be coded in ACS 0042
- ⇒ Definitional revisions of a 'significant procedure' and 'procedure components' in ACS 0016 *General procedure guidelines*
- ⇒ Update to definition of same day episode of care
- ⇒ Code procedures if cerebral anaesthesia is required in order for the procedure to be performed (see also ACS 0031 *Anaesthesia*)

Do not routinely code:

- ⇒ Arterial or venous catheterisation e.g. Hickman's, PICC, CVC (*excluding in neonates*)
- ⇒ Bladder washout via indwelling catheter
- ⇒ Doppler recordings
- ⇒ Imaging services (all codes in ACHI Chapter 20) e.g. CTs, MRIs and block [451] Dental radiological examination and interpretation

Example:

Q. A patient is admitted for ultrasound guided drainage of abscess under G.A. as a daycase. Do we code ultrasound of neck in this case 55032-00 [1940] *Ultrasound of neck*? We assumed that since it was part of the procedure and under GA that it should be coded but when we go to save it an edit fires.

A. For this day case as per ACS 0042 *Procedures not normally coded* the principal reason for admission is the drainage of abscess. The principal reason for admission as a day case is not for the ultrasound. Code to drainage of abscess only and GA.

A selection of ICD-10-AM Queries

Q. ACS 0904 – Cardiac Arrest is no longer present in the 8th Edition, could you please advise as to whether it would now be appropriate to code a cardiac arrest without resuscitation?

A. The advice in ACS 0904 *Cardiac Arrest* has been incorporated into the tabular classification. Please see the note at code I46 *Cardiac Arrest* – which states that codes from this category should be assigned only if resuscitation intervention is undertaken regardless of patient outcome. The 8th edition update has incorporated advice from many standards into the classification itself. Please follow the 5 steps to quality coding and verify codes in the tabular index checking for instructional notes, inclusion and exclusion notes etc.

Q. What Type of Admission code is assigned for patients who are admitted as an elective day case readmission e.g. admitted for chemotherapy, but during their day case admission they become ill and are admitted as an in-patient?

A. Assign Type of Admission 2 *Elective Readmission*, the type of admission remains that of the day case which was how the patient presented to hospital initially even though the case has now converted to being an inpatient.

Q. How do we code a patient who is positive for Mupirocin MRSA on a nasal swab.

A. For a patient who has a nasal swab positive for Mupirocin MRSA the appropriate codes to assign are:

Z22.3 *Carrier of other specified bacterial diseases-* as there is no active infection - this is a nasal swab

and

Z06.52 *Resistance to methicillin-* we advise this code as it includes resistance to multiple antibiotics including methicillin

Further information can be found on the following web page: <http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=8084>

Note: The abbreviation “MMRSA” (sometime written as mMRSA) must be checked as it can refer to Mupirocin & Methicillin Resistant Staphylococcal Aureus or Multiresistant Methicillin Resistant Staphylococcal Aureus.

Q. What code should I assign for “suprapubic catheter changed”? This patient was admitted as a day case with suprapubic catheter in situ and had it changed.

A. We suggest that appropriate codes to assign are:
Z46.6 *Fitting and adjustment of urinary device*

36800-02 [1092] *Replacement of cystostomy tube*

Index look up:
Replacement,
-Cystostomy,
--Tube.

Q. Are codes for Allied Health Interventions assigned using 8th edition?

A. Yes codes for Allied Health Interventions are assigned using 8th edition. There has been no change in the guidelines in relation to the collection of this data.

Q. When are CT scans coded in 8th edition?

A. As per ACS 0042 *Procedures normally not coded*, CT scans will be coded if they are the principal reason for admission in a day case or if they are performed under cerebral anaesthesia (General anaesthetic or sedation), or if another standard directs that the CT scan is coded.

Q. What codes do we use for an Ultrasound Guided Biopsy of Kidney, as there does not seem to be a code for Intraoperative Ultrasound in 8th Edition?

A. Please code to Biopsy of kidney, refer to 8th edition update training material regarding ACS 0042 and also the advice in December’s Coding Notes regarding CT colonoscopies as this is a similar query.





Cracking the Code

A selection of ICD-10-AM Queries



Q. After a patient was admitted they were intubated & ventilated (invasive) for less than 24 hours (coded to: 13882-00 [569] *Management of continuous ventilatory support, < 24 hours*). They were extubated.

On the same episode of care several days later they were intubated and commenced on Invasive Ventilation again for surgery and they were ventilated for less than 24 hours. Will the duration of the ventilation for the purposes of surgery be added when counting the duration of the ventilation?

A. No. Only count the duration of the first period of ventilation as the 2nd period of ventilation was commenced for surgery and didn't continue for greater than 24 hours following the surgery.

ACS 1006 *Ventilatory Support* states at point f:

"The ventilatory support that is provided to a patient during surgery is associated with anaesthesia and is considered an integral part of the surgical procedure. The patient may remain on ventilatory support for some hours while recovering following surgery. Ventilation of less than 24 hours post surgery should not be coded in these cases."

Q. What procedure code is assigned for a Carotid Endarterectomy where a bovine patch was used?

A. In addition to the code for the carotid endarterectomy, please also assign the code 33548-00 [707] *Patch graft of artery using autologous material* as 'autologous' is a non-essential modifier in the ACHI index. Look up:

Graft,
- Artery,
-- Patch.

Q Please confirm the correct procedure code for SCARF 1st MTPJ Osteotomy & 2nd Toe PIPJ Fusion for hallux valgus.

A. For the SCARF osteotomy of the 1st Metatarsophalangeal joint;

Index look up **Correction**, -Hallux Valgus 49833-00 [1547]

Correction of hallux valgus by osteotomy of first metatarsal, unilateral, check if procedure is bilateral or if there is tendon transfer

and

For the Proximal Interphalangeal joint fusion assign 90559-00 [1543] *Arthrodesis of toe*

Look up:

Fusion,
- Joint,
-- interphalangeal,
--- foot.

Q. What is the appropriate code to assign for Influenza A (H3N2)

A. Please assign an appropriate code from **J10 Influenza due to other identified influenza virus** as per Coding Rule published by NCCH (Ref No: TN448—see below). Please note that category J09 *Influenza due to certain identified influenza virus* is reserved for restricted use for specific types of influenza (type H1N1 swine flu and H5N1 avian influenza) and on instruction from the WHO. Checks on the use of J09 will be put in place to assist with this advice.

Ref No: TN448 | Published On: 15-Jun-2012 | Status: Current
Influenza A (H3N2)

Q:

What is the correct code to assign for influenza A (H3N2)?

A:

To classify influenza type A (H3N2) assign the appropriate code from category J10 *Influenza due to other identified influenza virus*. J09 *Influenza due to identified avian influenza virus* (which is to be renamed *Influenza due to certain identified influenza virus* for ICD-10-AM Eighth Edition) should not be assigned for influenza type A (H3N2). Previous advice from NCCH (2010, p. 9—full ref below) instructed that this code should only be assigned for influenza virus types A (H1N1) (swine flu) and (H5N1) (avian influenza) and that additional virus strains may only be classified to this code upon recommendation from WHO. At this time WHO has not recommended this code be assigned for influenza type A (H3N2). For more information see http://www.who.int/influenza/surveillance_monitoring/updates/en/.

Reference: National Centre for Classification in Health 2010, *Coding Matters: Swine flu with pneumonia*, Vol. 17, No. 1, p. 9.

Q. A patient is admitted and on day 1 is given prostaglandin and also on day 2 and day 3 (all on the same admission). Is a procedure code for induction (90465-01 [1334] *Medical induction of labour, prostaglandin*) assigned once on the episode with the 1st day of administration recorded as the date of the procedure?

A. The procedure code for induction should only be assigned once as the actual procedure is “inducing labour” and this may require a number of doses of the prostaglandin. We agree that the date of for this procedure is the date first administered.

Q. Is there a sequencing rule for the O80-O84 *Delivery* codes when they are assigned as an additional diagnosis? For example, if the principal diagnosis is an antepartum condition such as pre-eclampsia but the patient also has a perineal tear during the delivery, should the O80-O84 code immediately follow the antepartum principal diagnosis, that is, be sequenced as the second code?

A. The *Note* at O80-O84 *Delivery* states: 'Other abnormalities/complications classifiable elsewhere in Chapter 15 may be assigned in conjunction with codes O80-O84 to fully describe the delivery episode'.

There are no sequencing rules when codes from O80 - O84 *Delivery* are assigned as an additional diagnosis, apart from being sequenced before Z37.- *Outcome of delivery*, as in the instructional note at Z37.- :‘Code first the delivery (O80- O84)’.

Obstetrics—8th Edition Workshops—FAQ

A number of Obstetrics workshops have been held to cover the substantial changes in this area with the introduction of 8th Edition ICD-10-AM/ACHI/ACS this year. A Frequently Asked (FAQ) document has been prepared arising from these workshops and will be circulated to all hospitals shortly.

Please also note that there is an Introduction to Obstetrics One-Day workshop scheduled for Wednesday, 17th June. This will cover all obstetrics coding including the 8th edition rules.

Do you have a 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.

Locum Coders

Locum Coders: We are regularly asked by hospitals if we know of any experienced coders available for locum or temporary work. While we cannot recommend anyone we can put coders in contact with hospitals if we know people are interested. Just contact us if you would like to do this type of work. Contact: hipecodingquery@hpo.ie.

Note: Please inform us if there are any new coders that require training at your hospital or experienced coders requiring training in new specialties.



Upcoming HIPE Portal Reporter Training

Reporter training is now delivered via WebEx on three consecutive mornings and covers all aspects of working on the HIPE Portal. This course is open to all working within the system who are using HIPE data through the HIPE Portal or through the HOP. Please complete the online training application at: www.hpo.ie/training. The next course is scheduled for:

Course	Date	Time
HIPE Portal Reporter Training [Part I]	Tuesday 5th May 2015	10:30am – 12:30pm
HIPE Portal Reporter Training [Part II]	Wednesday 6th May 2015	10:30 am – 12:00pm
Using Scripts & Extracts in the HIPE Portal Reporter [Part III]	Thursday 7th May 2015	10:30 am – 12:00pm

Upcoming Courses

NOTE: All HIPE coding courses are now in 8th Edition ICD-10-AM/ACHI/ACS/ICS.
Some courses below where indicated will specifically address changes with 8th edition.



Introduction to HIPE

This is a general introduction to the variables collected by HIPE for new coders and others working in the HIPE system.

Date: Tuesday 26th May

Time: 10.30am – 1pm

Location: WebEx

Coding Skills I

This course is for new coders who have attended the Introduction to HIPE course.

Date: Tuesday 9th & Wednesday 10th June

Time: 10am – 5pm each day

Location: HPO, Brunel Building only

Coding Skills II

This course is for new coders who have attended Coding Skills I

Date: Tuesday 30th June - Thursday 2nd July

Time: 10am - 5pm each day.

Location: HPO, Brunel Building only

Coding Skills III

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

Date: Tuesday 19th – Thursday 21st May

Time: 10am – 5pm each day

Location: HPO, Brunel Building only



Coding Skills IV— Workshop

Same Day Endoscopies

Date: Wednesday, 24th June

Time: 11am -1pm

Location: WebEx Only.



Data Quality Session

Date: Tuesday 28th April

Time: 10.30am – 1pm

Location: WebEx only

Note: This is an update on data quality activities and tools including the Portal HCAT. This session will be repeated subject to demand.

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

Please inform us of any training requirements by sending an email to hipetraining@hpo.ie.



8th Edition Phase 2

Full Repeat of 2-day January Course

This is a repeat of the Phase 2 Update courses held in January 2015 for those who could not attend the January courses.

Date: Wednesday 29th - Thursday 30th April

Time: 10.00am - 4pm each day

Location: HPO, Brunel Building only.



8th Edition

Full Day Diabetes Workshop

Date: Wednesday 13th May **OR** Friday 15th May

Time: 10.00am – 4pm

Location: HPO, Brunel Building only.



8th Edition

Full Day—Introduction to Obstetrics

Date: Wednesday 17th June

Time: 10.00am – 4pm

Location: HPO, Brunel Building only.

For coders who have never attended obstetrics training before or would like a refresher covering 8th edition changes.



Anatomy & Physiology

These courses will be delivered by a specialist speaker.

Anatomy & Physiology— Neuroendocrine System

Date: Wednesday, 22nd April

Time: 11am – 1pm

Location: HPO, Brunel Building & WebEx

Anatomy Physiology—Respiratory System

Date: Wednesday, 22nd April

Time: 2pm—4pm

Location: HPO, Brunel Building & WebEx

Anatomy & Physiology—Introduction

****This course is open to all HIPE coders****

Date: Thursday 28th May

Time: 11am – 1pm

Location: HPO, Brunel Building & WebEx

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

See the 'Find it Fast' section of the HPO website for easy access.
www.hpo.ie/find_it_fast/

Thought for Today

"To succeed in life, you need three things: a wishbone, a backbone, and a funny bone."

Reba McEntire, Singer, Songwriter, and Actress