Coding Notes

Healthcare Pricing Office

Number 88
April 2020

HIPE data more important than ever.

Hello to all our HIPE coding friends and colleagues. We hope you and yours are doing OK during this difficult time. This is an unusual edition of *Coding Notes* as we all try to balance dealing with the COVID-19 situation with our 'business as usual' both in our personal lives and our professional lives. We also want to let you know how much your work in HIPE is appreciated throughout the system with HIPE data in huge demand. We all thought at the start of 2020 that *all* we had new was the update to 10th edition of ICD-10-AM/ACHI/ACS and the new IE-Book—who knew what lay ahead of us all?

Everyone has had to make adjustments and we know that working in the hospitals is particularly difficult at this time with so much happening so fast. Your dedication and commitment to HIPE is very much appreciated by not only the HPO but throughout the health service. The data you collect now will be used in the coming weeks, months and years to help to understand and manage our health services and to help to maintain a safe health service for all both in the short and longer terms.

In the HPO the team are doing all we can to ensure the HIPE community are supported in your vital work at this challenging time. We know some coders have been specifically tasked with coding the COVID-19 related cases and that brings its own challenges. We thank you for meeting those challenges and for providing this critical data within the 48 hour deadline for coding of these cases post discharge. We are aware also that hospitals are still caring for non COVID-19 patients and that this work continues with the usual dedication and efficiency of HIPE departments across the country. The 2019 file will close at the end of April 2020 and the 30 days deadline for all other discharges remains in place.

A virtual bouquet of flowers from the HPO to all who are working so hard at this difficult time. Thank You.

The HPO coding team meet daily to address specifically the COVID-19 queries. Please see page 2 & 3 for the queries answered to date. The regular coding queries are addressed on pages 6 & 7.

Following the advice of the World Health Organisation (WHO) and the Independent Hospital Pricing Authority of Australia (IHPA) the Irish Coding Standard 22X2 *Novel Coronavirus (2019-nCoV)* has been published. We continue to monitor advice being issued internationally and if there are any further updates be assured we will let you know.

On 6th April the HPO published the first ever HIPE Coding Advisory (CA1-060420) on the coding of unspecified pneumonia in COVID-19 patients in response to queries received. See page 7.

The coding team continue to provide support and please let us know as always if you have queries or questions around any HIPE data. Please see page 8 for the latest training updates.

Stay well and Safe everyone.

Inside This Issue

Coronavirus COVID-19

Cracking the COVID-19 Codes

A special edition to cover some of the queries received to hipe.coding@hpo.ie

Question 1: How would we code a chart that is Query COVID 19 that has some symptoms i.e. a cough. A swab was taken but the patient was discharged before the results were returned?

Answer 1. We would advise all coders to wait until the laboratory result has returned before coding any case. Once the result is available please follow the flow chart in ICS 22X2 *Novel Coronavirus* to guide you to the appropriate code assignment

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Question 2: I am coding a patient that has no respiratory symptoms. The principal diagnosis is UTI. The patient also had a high temperature and community contact with someone who had recently travelled, the patient was tested for COVID-19 and the result was positive. Could you please advise what code to use for these patients?

Answer 2: While a fever would normally be a symptom of a UTI and not coded, but n this case as it appears to have been further investigated in its own right. We would recommend coding it as the patient was then diagnosed as COVID-19 positive and it meets criteria as per ICS 22X2 *Novel Coronavirus*.

Based on the information provided we would advise the following;

PDx- N39.0 *Urinary tract infection, site not specified*.

ADx- R50.9 *Fever, unspecified.*

ADx- B97.2 *Coronavirus as the cause of diseases classified to other chapters.*

ADx- U07.1 *Emergency use of [COVID-19, virus identified]*

Question 3: A patient has the symptoms for COVID-19 yet both swabs have come back negative, but on discharge it states that due to "*Clinical suspicion"* the patient should continue to be treated as COVID-19 positive and to self-isolate at home. How is this case coded?

Answer 3: As the patient is clinically treated and diagnosed as having COVID-19 please refer to the pathway in ICS 22X2 *Novel Coronavirus* and refer to the 'clinically diagnosed or probable cases' column. Based on the information below please assign the following codes;

Principal diagnosis: Symptom(s) or condition(s).

ADx: B97.2 *Coronavirus as the cause of diseases classified to other chapters.*

ADx: U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]*

Question 4: We have come across a case where a patient was admitted for excision of SCC. The patient had the procedure cancelled as they displayed symptoms of COVID -19.

A swab was taken from the patient and they were sent home. The swab turned out to be inadequate. How should this be coded?

Answer 4: Please see codes suggested below.

Principal Diagnosis: SCC

ADx: Z530 *Procedure not carried out because of contraindication.*

ADx: A code for the symptom(s) or condition(s).

ADx: B97.2 Coronavirus as the cause of diseases classified to other chapters.

ADx: U07.2 Emergency use of U07.2 [COVID-19, virus not identified]

Question 5: There have been two positive cases which have both been documented as being asymptomatic. Both patients had recently returned from an Italian trip. One patient was swabbed as part of contact tracing and the second as per "public health".

Could you please advise what code to use for these patients?

Answer 5: As per ICS 22.X2 *Novel Coronavirus* we would suggest assigning the following:

B34.2 Coronavirus infection, unspecified site as the principal diagnosis followed by

U07.1 Emergency use of *[COVID-19, virus identified]*

Question 6: A patient is admitted with UTI, during their admission they were isolated as they were found to be in contact with someone with COVID-19. A swab was taken and this was negative. How is this coded?

Coronavirus COVID-19

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Answer 6: We advise the following;

Pdx: N39.0 *Urinary tract infection, site not specified*

ADx: Z20.8 *Contact with and exposure to other communicable diseases,*

ADx: U06.0 *Emergency use of [COVID-19 Ruled out]*

ADx: Z29.0 *Isolation*

Question 7: Can I just check in relation to COVID-19 positive cases and that we do not code underlying health conditions e.g. CKD etc. unless they meet criteria for additional diagnoses.

Answer 7: Where the patient has underlying conditions and COVID -19, in most cases the underlying conditions will require some review/attention/monitoring etc. that will lead them to be coded as per the instructions and criteria in ACS 0002 *Additional Diagnoses*.

The codes listed in ACS 0003 *Supplementary Codes* for Chronic Conditions are not for use in use in Ireland.

Question 8: Can you advise if the use of a Non-Rebreather Mask (NRBM) is coded as Non-invasive ventilation?

Answer 8: The Non-Rebreather Mask is considered an oxygen support and therefore does not meet criteria for coding.

Question 9: Can I clarify re suspected COVID-19 ruled out. If a patient is admitted with e.g. shortness of breath and a cough and COVID-19 is suspected and a swab is taken. If the swab is negative, therefore COVID-19 is ruled out and pneumonia is diagnosed, do we still need to follow guidelines on "Suspected COVID-19 ruled out" to show test was done or is it sufficient to just code pneumonia e.g. J18.9?

Answer 9: If Pneumonia is diagnosed this will be assigned as the principal diagnosis followed by appropriate codes for COVID19 ruled out.

Based on the information provided we would advise the following codes;

PDx: J18.9 Pneumonia, unspecified

ADx: Z03.8 Observation for other suspected diseases and conditions

ADx: U06.0 Emergency use of U06.0 [COVID19, ruled out]

Question 10: Patient was admitted for testing for novel coronavirus as their husband returned from Italy. Her husband had no contact with COVID-19 cases. Their family members developed a fever however, the patient was asymptomatic. The GP sent the patient in to hospital to be tested, which were negative. What are the appropriate codes?

Answer 10 : As the patient was asymptomatic and had no exposure and was instructed by the GP to attend hospital for testing, Z71.1 Person with feared complaint in whom no diagnosis is made would be assigned as the principal diagnosis. Code as follows:

PDx: Z71.1 Person with feared complaint in whom no diagnosis is made

Add Dx: U06.0 *Emergency use of [COVID19, ruled out].*

Question 11: A patient is admitted and they are confirmed with COVID-19 and then sent home the next day with mild symptoms. A couple of days later they are back in ED with worsening conditions and then admitted again.

Answer 11: HIPE is not collecting the disease incidence of COVID-19 rather it is collecting the number of times that diagnosis requires admission to a hospital for treatment. Therefore for the second admission we would advise referring to ICS 22X2 and following the pathway.

As per the scenario the patients symptoms or diagnosed condition would be assigned as the principal diagnosis followed by the following;

PDx: Symptoms

ADx: B97.2 *Coronavirus as the cause of diseases classified to other chapters*

ADx: *U07.1 Emergency use of U07.1 [COVID-19, virus identified]*

Performance Indicators for Coding Quality (PICQ) and COVID-19

In accordance with Australian and Irish Coding Standards, Pavilion Health have added new PICQ indicators to identify errors in application of the relevant COVID-19 codes. These indicators are applicable to admitted episodes of care with discharge dates from 1st January, 2020 onwards, apart from 200005 Unspecified pneumonia code with bacterial or viral agent code *(refer to HPO coding advisory issued 7th April 2020)* which now replaces 102189 *Unspecified pneumonia code with bacterial or viral agent code.*

102482	Coronavirus diagnosis codes but no Emergency use codes for COVID-19.	W1
102483	Emergency use codes for COVID-19 assigned without the Coronavirus diagnosis codes	F
102484	Emergency Use code for suspected but ruled out COVID-19 with a Coronavirus diagnosis code	W1
102485	Emergency use code for suspected but ruled out COVID-19 assigned without codes for observation for suspected conditions, exposure to communicable diseases or special screening codes.	F
102486	Emergency use code for laboratory confirmed or clinically diagnosed/probable COVID- 19 with Emergency use code for suspected	F
102488	Emergency use code for laboratory confirmed COVID-19 with emergency use code for clinically diagnosed/probable COVID-19.	F
200005	Unspecified pneumonia code with bacterial or viral agent code *(refer to HPO coding advisory issued 7th April 2020).*	F

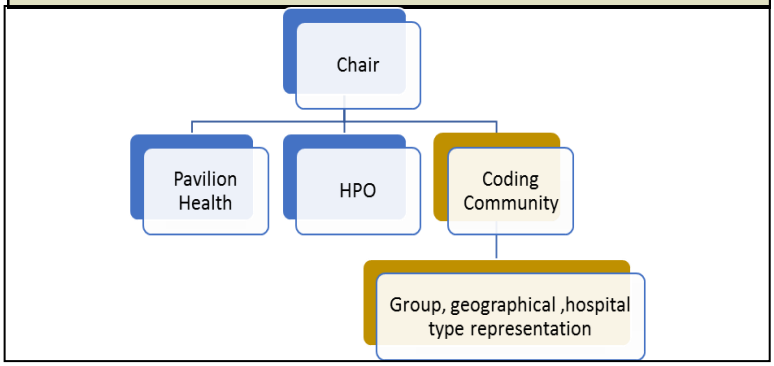
Pavilion Health will continue to monitor carefully any changes in coding guidelines *and will update the PICQ indicators as required*. If you are ever unsure as to why a PICQ indicator is being triggered, or you believe it may have triggered in error, please do not hesitate to get in touch with us at support@pavilion-health.com.

Irish PICQ© Advisory Board

Irish PICQ© Advisory Board - Call for Volunteers

The Irish PICQ® Advisory Board's purpose is to maintain and guide the development of PICQ® indicators that assist managers of Irish health information classification systems and standards to systematically measure, benchmark and improve clinical coding quality. The board consists of members from the Irish coding community, the HPO and Pavilion Health. Professor Beth Reid chairs this as well as the Australian PICQ® Advisory Board. Coding community board members serve for 18 months, after which time the Board will call for new volunteers. The current coding community board members will be handing over to new members at the next meeting in June 2020. Special thanks to Nora Hourigan, Orla Dolan and Anna Maria Sealy for their time and effort on this board.

PICQ® Advisory Board Structure



If you would like to volunteer to sit on the Board, please email support@pavilion-health.com.

PICQ® Advisory Board Meeting Details

Meetings are held by phone at least every 6 months at date/times agreed by the attendees and last approx. 1 hour. The quorum for meetings is the chair and at least one member from each of Pavilion Health, HPO and the Irish Coding community. Agendas, including any specific items/indicators for discussion are distributed in advance of all meetings. The expectation is that Board meeting attendees are prepared for meeting and will have reviewed all items for discussion prior to the meeting. If unable to attend Board members are able to submit comments in writing by email at least one week before the meeting to ensure circulation to all members. All meetings are minuted; minutes and agreed actions will be circulated within 2 weeks of each meeting. All Board members follow up on agreed actions even if the member was unable to attend the meeting.

Irish PICQ® Advisory Board latest meeting

On Jan 30th, the Irish PICQ® Advisory Board met virtually. 3 indicators were discussed, and the following was changed: *102306 - Dilation and evacuation of uterus code in a first trimester termination of pregnancy* Has been disabled in Ireland for now. HPO are to review the obstetric coding and will come back to Pavilion Health if this indicator is to be re-enabled in Ireland. Changes implemented as a result of implementing ICD-10-AM/ACHI/ACS 10th edition were also documented. The board discussed the improved performance of PICQ® 8.5 and discussed possible improvements in the area of reporting.

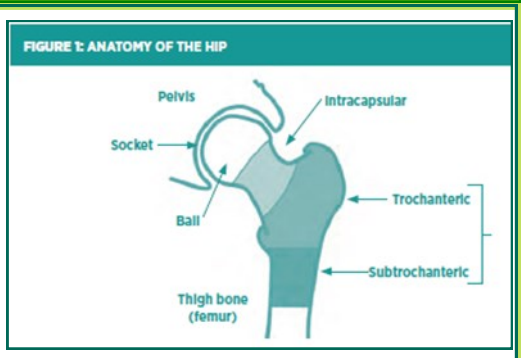
Update from the Irish Hip Fracture Database (IHFD)

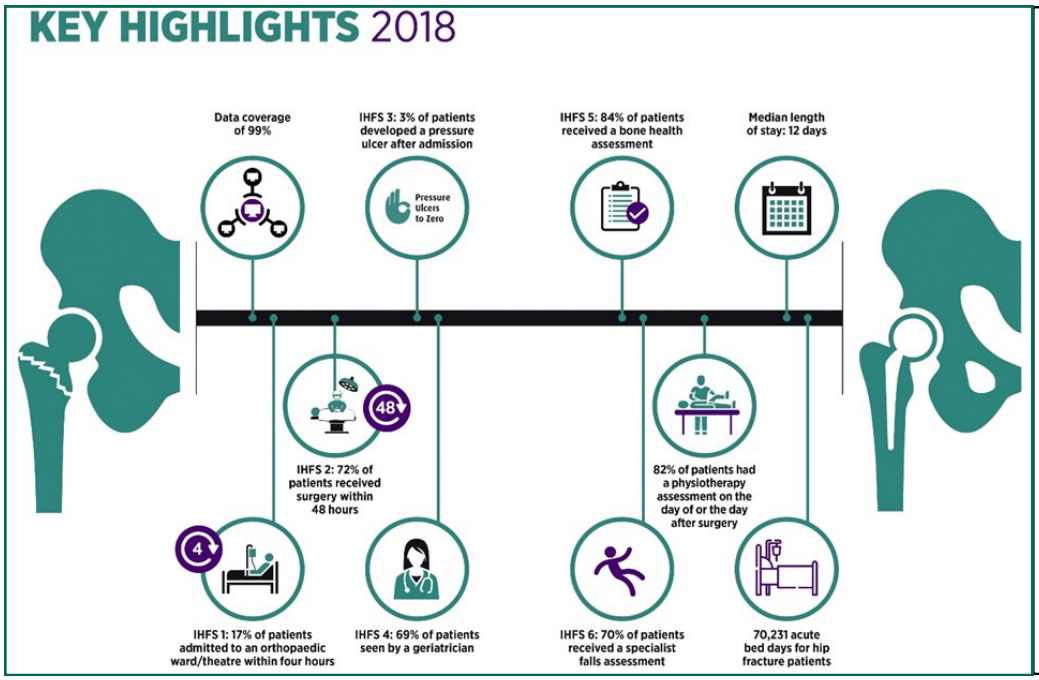
By National IHFD Audit Manager, Louise Brent

The Irish Hip Fracture Database (IHFD) is a clinically led, web-based audit which measures the care and outcomes of patients with hip fractures. Data is entered through an additional add-on screen on the HIPE Portal developed and supported in conjunction with the HPO. The audit has been working with HPO since 2013. The National Office of Clinical Audit (NOCA) governs the IHFD and has a governance committee made up of representatives from all the clinical specialties involved in the care of hip fractures as well as representatives from the HPO.

The inclusion criteria for the audit are:

- All inpatients with a principal or secondary hip fracture diagnosis; classified using ICD-10-AM codes S72.0 -S72.2 (see Figure 1).
- NOCA report on patients aged 60 years and over.





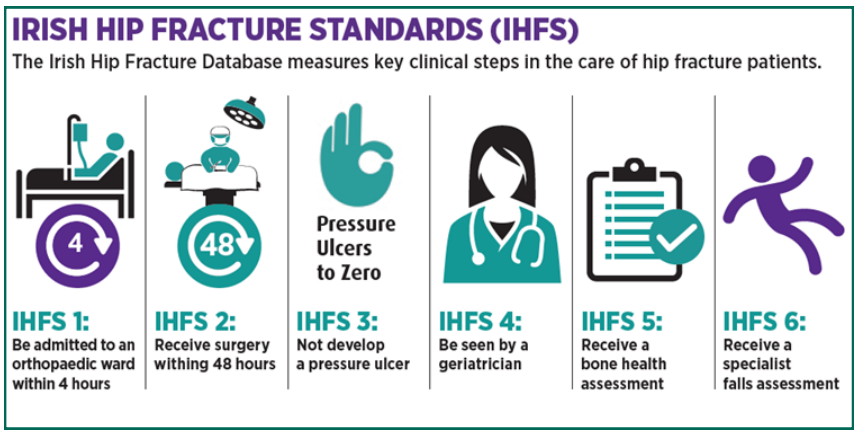
The most recent Irish Hip Fracture National Report 2018 was published in November 2019.

The report highlighted the care provided to 3,751 hip fracture patients which represented 99% of all cases (aged 60 years and older) coded on HIPE. Key highlights from the report are shown in this info graphic.

The maturity of the audit has seen it progress to hospital level reporting in 2016 and the development of the Irish Hip Fracture Standards (IHFS) (Figure 2) in 2017. One of the most notable achievements has been the implementation of the Best Practice Tariff (BPT) for hip fracture in 2018. This is a financial payment linked to the performance of care for the hospitals. To achieve the BPT all Irish Hip Fracture Standards must be met and additionally the hospital must submit over 90% of data per reporting quarter and the hospital must have a hip fracture governance committee. For each case that meets the BPT the hospital will receive €1000. This money is to be spent on improving the care for patients in the trauma service. A total of €278,000 was paid to the hospitals in 2018 and the audit demonstrated the greatest improvement in data quality, clinical standards and hospital governance in any twelve month period. Sligo University Hospital won the Golden Hip award for having the highest proportion of patients achieving the BPT. Reassuringly this improvement has continued in 2019.

NOCA and the IHFD Governance Committee would like to thank Philip Dunne and the wider HPO team for all their support and input into the audit.

If you have any queries about the IHFD please contact the National IHFD Audit Manager, Louise Brent: louisebrent@noca.ie. The reports are available for download from www.noca.ie.



Cracking the Code

A selection of Coding Queries

Question 1: I am coding a couple of discharges where Influenza A is clearly documented. Can you please advise if I am coding this correctly to J11.1 *Influenza with other respiratory manifestations, virus not identified*?
Both cases were initially admitted with LRTI.

Answer 1: The term Influenza A alone will be coded to J10.1 *Influenza with other respiratory manifestations, other influenza virus identified* in both 8th and 10th Edition, as there is a virus identified.
Look up:

Influenza
-Virus
- - identified

For 2020 discharges please refer to ICS 1012 *Summary of classification of Influenza*. This standard has been updated for 10th Edition. Please note that in 10th edition Influenza A(H1N1) is now also classified to J10 *Influenza due to other identified influenza virus.*

Question 2: A patient with post-dural puncture headache, proceeded to have a spinal patch. Has this changed in 10th edition and if so, what I should code the headache to?

Answer 2: Conditions previously classified to O89 *Complications of anaesthesia during the puerperium* code range will be classified to other chapters as per the updated guidelines in ACS 1904 *Procedural complications*. We would recommend the following code assignment for this scenario based on the information provided;

T88.52 Headache due to anaesthesia
Y84.8 Other medical procedures
Y92.2x Health service area, (please specify last character)

Question 3: Does ACS 0003 *Supplementary codes for chronic conditions* apply in Ireland? The standard says it's for use in Australia .

Answer 3: Ireland will not be collecting the supplementary codes for chronic conditions - this is specifically addressed in **ICS 0003** *Supplementary codes for Chronic Conditions.* The HIPE portal will not accept the codes in this range (U78-U88) if entered onto the HIPE data entry system.

The HPO advises reviewing the ICS for 2020 – including Appendix A which lists all the changes (in a summarised form). We also advise reviewing the 10th edition training material to ensure all HIPE staff are aware of changes in the classification.

Question 4: If a patient was admitted with a stroke or kidney failure and hypertension is listed in the chart. Is the hypertension coded also?

Answer 4: The instruction to code hypertension when present has been removed in 10th edition in these examples. If hypertension is present it will only be coded if it meets ACS 0002 *Additional Diagnoses.* In these examples citing stroke and kidney failure, the hypertension will not be coded solely because it is present.

Question 5: A child is described as having a BMI of 45.6, and is clearly documented in the chart as being obese. The obesity is due to leptin resistance. The child was admitted for a glucose tolerance test.

The portal will not let me enter E66.93 *Obesity, not elsewhere classified, body mass index [BMI] >= 40 kg/m2* because of the age of the patient and it prompts me to save it to E66.90 *Obesity, not elsewhere classified, body mass index [BMI] not elsewhere classified* . I understand in 10th edition that all children/adolescents (under 18 years) use the fifth character value 0. Does this still apply even when the chart documentation clearly states that the BMI is 45.6?

Answer 5: All adolescent/children aged under 18 years with a diagnosis of obesity are coded to E66.90 *Obesity*, not elsewhere classified, body mass index [BMI] not elsewhere classified

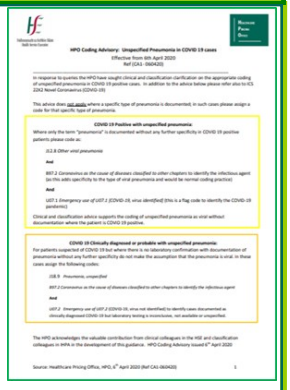
As per the classification guidelines there is a note at the start of this code range which explains why the obesity measure is not used for this patient cohort.

Note:

BMI is not an accurate measure of obesity in childhood/adolescence (those under 18 years of age).

Coding Advisories

A Rapid Response for national coding queries



The HPO currently publishes Irish Coding Standards and also publishes responses to coding queries in *Coding Notes*. These are important resources that support coding and complement the ACS and the information available in the classifications. In the current circumstances there were a lot of queries from hospitals seeking guidance on the coding of pneumonia with COVID-19. In order to expedite the official coding advice and following consultations with clinicians and classification experts the HPO were able to quickly publish a Coding Advisory. This is an official guideline issued from the HPO to be applied as appropriate and where required.

In order to provide key information rapidly to the coding community the HPO will now also publish Coding Advisories. The first such Coding Advisory was published on the 6th April 2020 on the coding of unspecified pneumonia in COVID 19 cases in order to provide a national response to a coding query. This information does not require an Irish Coding Standard however the advice is needed by all HIPE departments in order to accurately code the relevant cases. Coding Advisories will be numbered sequentially and with a date reference e.g. CA1 -060420. Some of these Coding Advisories may become Coding Standards in their own right in time.

The HPO will publish Irish Coding Standards as required and will also continue to publish responses to coding queries in *Coding Note*s and we will now have this additional method of communicating with HIPE staff all over the country. Please ensure that all HIPE staff are aware of the all information, including coding advisories issued by the HPO. CA1-60420 is available on www.hpo.ie and in the IE-Book.

Cracking the Code Contd.

A selection of Coding Queries

Question 7: I am looking for advice on coding the following in both 8th and 10th edition please:

- Infusion of Tysabri –(natalizumab) is a monoclonal antibody
- Infusion of Remicade – monoclonal antibody
- Infusion of Inflectra - Inflectra (infliximab-dyyb)

All of these infusions meet criteria to be coded as they are day case admissions specifically for the infusion.

Answer 7: The drugs listed in this query (Tysabri, Remicade and Inflectra) are all classified as monoclonal antibody drugs both in 8th and 10th edition ICD-10-AM/ACHI/ACS. The code assigned for IV administration of monoclonal antibodies if administered intravenously is as follows;

96199-XX [1920] *Intravenous administration of pharmacological agent*

with extension;

For 8th Edition assign extension **-09** *Other and unspecified pharmacological agent*

For 10th Edition assign extension **-19** *Other and unspecified pharmacological agent*

Note: Even though antibody fragments are mentioned as an inclusion term in extension -04 *Antidote*, this is meant in the context of antidotes. Monoclonal antibodies are not used as antidotes.

Do you have a HIPE coding query?

Please email your query to:

Hipe.coding@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.

We are here to help!

In these challenging times where HIPE coders' skills are more in demand than ever we want to reassure you that we are here to provide any help and support that we can. With 10th Edition, the IE Book and now COVID-19 we appreciate that everyone is on a steep learning curve. And like everyone else our plans have had to change and adapt to our current situation. If you have any queries or concerns in relation to Clinical Coder education, at any level, please don't hesitate to contact us on hipe.training@hpo.ie . The HPO will review all training and support requests and we will do our utmost to help any way we can e.g.

- Set up a call to provide training support
- Provide educational materials

Please note we have had to postpone a number of scheduled courses :

Coding Skills II is postponed until further notice.

The Z-Code Workshop that was scheduled to be delivered on 7th May has been postponed.

Coding Skills III that was scheduled to be delivered from 19th May – 21st May has also been postponed

New Coders

- If any new coders are due to start or have started in recent weeks please contact hipe.training@hpo.ie to arrange initial training and support.
- For new Clinical Coders who have completed their initial training including Coding Skills I we suggest the following:
  - Liaise with the local HIPE training mentor or Manager where possible, to discuss and identify any training requirements. Then contact hipe.training@hpo.ie to specify areas/topics of priority where training is required.

All other training requests can still be submitted to hipe.training@hpo.ie and we will endeavour to address these as soon as possible. As always details of upcoming training will continue be available at www.hpo.ie and we will continue to dispatch emails to hospitals' HIPE departments with updates to keep you all informed as the COVID-19 situation evolves. We look forward to being in contact with you as required and seeing you when classroom courses resume.

Stay safe and kind regards from the HIPE Training Team.

Upcoming Training

Introduction to HIPE I & II

Introduction to HIPE I

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

Date: Wednesday 17th June
Time: 10.00am – 5.00pm
Location: HPO only

Introduction to HIPE II

Follow up session for coders who attended the day above.

Date: Tuesday, 30th June
Time: 10:00– 1:00pm
Location: WebEx Only

Anatomy and Physiology

These courses are open to all HIPE coders

These courses will be delivered by a specialist speaker.

Anatomy & Physiology—Infectious Diseases
Date: Wednesday 29th April
Time: 11.00am – 1.00pm
Location: WebEx Only

Anatomy & Physiology—Circulatory System
Date: Wednesday, 29th April
Time: 2.00pm—4.00pm
Location: WebEx only