# Coding Notes



Icc110 7



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## Marital Status - 2000

NEW Category in marital status.

A new category will be added for use on discharges from 1.1.2000 to identify divorce.

- 1 Single
- 2 Married
- 3 Widowed
- 4 Other (incl. separated)
- 5 Unknown
- 6 Divorced

Always check all the downloaded admin data to concur with the chart details.

## Recent Workshops

Haematology Workshop - 12th November 1999

This workshop provided an opportunity for a useful discussion of haematology coding issues covering both Chapter 4 (Disease of the blood and blood-forming organs (280-289) and also non-solid tumours from Chapter 2 (Neoplasms). All aspects of blood disorders in the white cells, red cells and plasma were covered. The importance of physician documentation within a chart was also discussed. A condition must be documented before a diagnosis can be assigned a code e.g. 285.1 post haemorrhage anaemia. As with all conditions codes are NEVER assigned on the basis of laboratory reports alone.

(See also Cracking the Code p 2)

## Nephrology Workshop - 12th November 1999

On the afternoon of the 12th November workshop the coding of renal conditions was discussed. A specialist Renal nurse delivered a very insightful talk on the speciality. She explained the importance of the million nephrons within each kidney. She also described the delicate balance between blood pressure and kidney function. This explains the classification of chronic renal failure with hypertension without mention of cause and effect into categories 403 (Hypertensive Renal disease) and 404 (Hypertensive Heart and Renal disease).

Along with explaining the anatomy and function of the kidneys the speaker explained the various problems that can arise including the many types of nephritis that can affect patients. We also discussed renal coding issues. The talk was very informative with plenty of discussion. We will hopefully be inviting specialist quest speakers to future workshops.



## Cracking the Code!



A selection of queries received in the HIPE unit recently:

**Question:** What is the code for Trans-Vaginal Tape (TVT)?

Answer: This procedure is for treating urinary stress incontinence and the code assigned is 59.79 (other repair of urinary stress incontinence).

### 张张张张张张张张张张张张

**Question:** How is acute exacerbation of chronic myelogenous leukaemia with blastic transformation coded?

Answer: Assign code 205.10, Myeloid leukaemia, Chronic, without mention of remission, The acute/blastic exacerbation is include in the code for chronic leukaemia.

## \*\*\*\*\*\*\*\*\*\*\*\*

**Question:** When coding multiple myeloma with bone metastasis do we use two codes - 203.0 and 198.5, or just 203.0?

Answer: When coding multiple myeloma, assign only 203.0, multiple myeloma. Multiple myeloma is a neoplastic disease characterised by the infiltration of bone and bone marrow by melanoma cells. Therefore, 'bone metastasis' is a misnomer since the involved of bone is a part of the disease process.

Ref.: AHA.AA 4Q89

#### \*\*\*\*\*

**Question**: Is there a code for "Streptokinase" given to patients after a Myocardial Infarction?

**Answer:** Yes, the code for Streptokinase injection or infusion is 99.10 – injection or infusion of thrombolytic agent.



## CODE 3 Source of Admission / Discharge CODE 3

- Source of admission code '3' is used for transfers *only* from other **ACUTE** hospital.
- ☐ Discharge Code '3' is for discharges *only* to other **ACUTE** hospital.

These hospitals are all listed on pages 11 & 12 of the H.I.PE. Instruction manual issued 1.1.99.



## ICD-9-CM Procedure Code 99.20 – Injection or Infusion of Platelet Inhibitor

In October 1998, a new code was established to represent the use of platelet inhibitor **99.20** – **Injection of infusion of platelet inhibitor**. This code includes Glycoprotein 11b/111a inhibitor, and GP 11b/111a inhibitor. The excludes note informs the coder that the **Infusion of heparin (99.29)** and **Injection or infusion of thrombolytic agent (99.10)** are *not* included in 99.20. For the subcategory **99.2 Injection or infusion of other therapeutic or prophylactic substance**, the definition is: The forcing of a fluid or introduction into a vein of a healing or disease-preventative substance *other than those* listed in 99.11 – 99.19.

Coders should not assign 99.20 for heparin and thrombolytics like urokinase, streptokinase, alteplase, or retaplase. For heparin infusion, code 99.29 should be assigned. A large amount of other thrombolytic infusions will be assigned to 99.10, with the exception of an infusion directly into the coronary artery, which is code 36.04.

#### **Clinical Information**

Thrombosis in the Coronary arteries is common to cardiovascular conditions like unstable angina, non-Q-wave myocardial infarction, ST-segment. A plug of blood cells (platelets) is a thrombus. This condition forms when the wall of the coronary artery is damaged due to disease or a coronary intervention such as balloon angioplasty. The resulting thrombus will produce a limitation of blood flow through the artery. This, in turn, produces an insufficient oxygen supply to the heart muscle.

Source: Code Write. Society for Clinical Coding – September/October, 1999.

## **Direct or Indirect Hernias**

In general, a hernia is a protrusion of a part or structure through the tissues normally containing it. Direct or indirect hernia is terminology used only in describing an inguinal hernia.

A **direct inguinal hernia** involves the abdominal wall between the deep epigastric artery and the edge of the rectus muscle. In other words, the herniation passes directly through the abdominal wall

In an **indirect inguinal hernia**, the protrusion passes through internal inguinal ring and into the inguinal canal. The inguinal canal contains the spermatic cord in the male and the round ligament in the female.

Both direct and indirect inguinal hernias are classified to category 550 in the ICD-9-CM disease classification. Note that when referencing 'hernia, direct' or 'hernia, indirect' in the ICD-9-CM *Index to Diseases*, the coder is instructed to 'see – Hernia, inguinal.'

There is not a specific subcategory or subclassification in the ICD-9-CM classification of diseases to differentiate between the two types of inguinal hernias. Note that 'direct' and 'indirect' are parenthetical terms following the main terms and subterm. 'Hernia, inguinal' in the ICD-9-CM index to Diseases. Nonessential modifiers are in brackets which may be present or absent in the statement of a diagnosis or procedure without affecting the code number to which it is assigned. In other words, the terms in parentheses are included in the codes and do not need to be stated in the diagnosis. Therefore, all of the following diagnostic statements would be coded to category 550: inguinal hernia, direct inguinal hernia and indirect inguinal hernia.

However, the ICD-9-CM procedure classification does provide separate codes for the repair of a direct and indirect inguinal hernia. See subcategories 53.0 and 53.1. Note that separate codes provided at the forth digit level to classify a direct or indirect inguinal hernia repair and accurate coding is based on whether the repair was accomplished with or without the use of a graft or prosthesis e.g mesh.

Source: St. Anthony's Clinical Coding and Reimbursement. July 1996



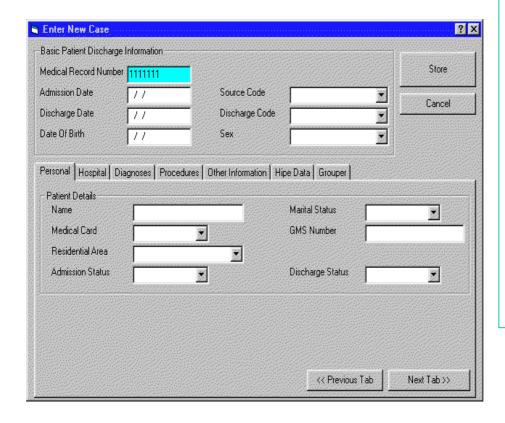
# W-HIPE

#### What is it ...

W-HIPE is an acronym which stands for <u>Windows</u> <u>Hospital In-Patient Enquiry</u>. It is the new version of the data entry software which is currently being written to run in the windows environment.

### What does it look like ...

W-HIPE will look similar to other Windows 95, 98 or NT programs so that users who are familiar with Windows will be comfortable with it. Screen shots of the prototype are shown below and on the next page.



## **Software Notes**

## No new variables in W-HIPE

In consultation with the Department of Health and Children, is has been decided not to change the data collected in the new W-HIPE System for 2000. This decision is supported by the responses from the software survey which in general did not demand substantial changes.

## Y2K Software Lock

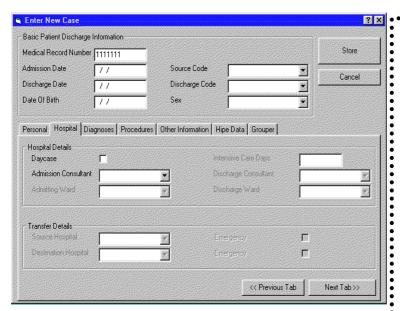
At present there is a setting in the software which stops coders from entering data with discharge dates after 31/12/1999. This "block" does not affect the keving of 1999 data but it will however stop Year 2000 from being cases downloaded into the system. Any hospital who wishes to download or key data for Year 2000 should contact Anne Clifton in the HIPE unit for a disk to remove the block.

## **Current Status of Software**

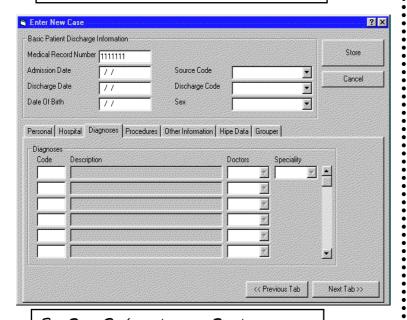
A substantial amount of work is still to be completed followed by rigorous testing in the ESRI and in a number hospitals prior to distribution

#### When will it be available ...

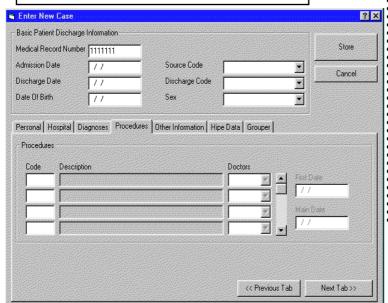
It is our intention to deliver W-HIPE to the hospitals on CD as early as possible in the new year.



Basic Patient Discharge information - Diagnoses



Basic Patient Discharge information - Procedures



## Name the new Software Competition:

Can you think of a new name for the new Windows Version of HIPE
Software

Some examples:

- win41PE
- WHIPE
- Win. 77PE
- 41PE-Win

or something completely different!

Send your suggestion to:

NEW Version Name Competition, Brian McCarthy, HIPE Unit, ESRI, 4 Burlington Road, Dublin 4.

Phone: 01-6671525 Ext. 468

e.mail: Brian.mccarthy@esri.i.e.

Prize: Book token.

## **NATIONAL EXPORT**





## **SEND FILES OPTION**

Occasionally when export disks reach us here in the HIPE Unit there is corruption on the disk, and you are asked to send the export again, please <u>always</u> use the option **Send files** in the Import and Export Menu unless specifically requested to do otherwise.

## **MONTHLY DEADLINE FOR DISKS**



Please try to ensure that your export disk reaches the HIPE Unit on or before the last day of the month. The export must be carried out during the month in question i.e. December's export must have a December date and not a January date. The HIPE Unit will do everything possible to include your monthly export if there is a delay in the post.

## **MORE ABOUT DISKS**

Finally, if your backup disks or export disks haven't been changed for a while it would be a good idea to treat your PC to new disks for Christmas.

Please protect disks in the post by using padded mailers or padded envelopes. Contact the HIPE Unit if you require additional mailers.



## **EXPORT BY E-MAIL**

Sending Export by E-mail: As e-mail becomes available to Coders in Hospitals there is the possibility of routinely emailing the monthly export across the Internet to the ESRI HIPE Unit. Standard procedures for Coders to do this need to be established in each hospital depending on the email configuration. The Hospital Administration will also need to give their agreement locally that the data can be sent using the Internet. Please contact Anne Clifton if you are interested in sending your export this way.

## Upcoming H.I.P.E. courses

There are some places available still on the following courses.

**Basic Course:** 10th, 11th & 12th January 2000

**Intermediate:** 6th & 7th January 2000

## We are also holding:

Diabetes Workshop: 3rd February 2000



Please ring Jacqui Curley (01-6671525 Ext. 470) immediately for an application form if you have any candidates for this course.

If you have any ideas for future topics for Coding Notes please let us know. Thanks and keep in touch.

Deirdre Murphy. 41PE Unit, ESRI, 4 Burlington Road, Dublin 4.

Phone 01-6671525 Fax 01-6686231

e-mail: Deirdre.murphy@esri.ie.



The H.I.P.E. Unit in the ESRI will close at 12.30pm on Friday 24th December 1999 and will re-open at 9.30am on Tuesday 4th January 2000.

If you have any urgent enquires during this time please phone the ESRI 01-6671525 Ext. 471 (Anne Clifton)

When the switch is closed you will be prompted to dial '1' then the extension number (471) followed by '#'. These messages will be checked and dealt with throughout the Christmas and New Year period.

## WE ALL HOPE YOU HAVE A LOVELY CHRISTMAS AND A PEACEFUL NEW MILLENNIUM.

## FROM:



