

Coding Notes



HIPE UNIT, ESRI

Issue 11



December 2000

In this issue:

•The Story of Christmas	1
•HIPE Unit, Holiday arrangements	1
•Cracking the Code	2
•Day Cases with Trauma Codes	2
•Coding Corner...Guidelines for coding ischemic heart disease and angina	3
•Windows HIPE - Reporting	4 -5
Christmas Prize Crossword Puzzle	6
•Upcoming HIPE Courses	6
•Index of topics covered in past issues of Coding Notes	8

THE STORY OF CHRISTMAS....



On 24/12/0000 Mary and Joseph found themselves with an area of residence of 0000. They finally were admitted to a stable in Bethlehem (V60.1 Inadequate housing)... Mary proceeded to have a 650 (normal delivery) with a V27.0 (single liveborn) and gave birth to Jesus. There was no procedure noted though we can imagine that Joseph may have helped with 73.59.

The H.I.P.E. Unit in the ESRI will close at 12.30pm on Friday 22nd December 2000 and will re-open at 9.30am on Tuesday 2nd 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.





Cracking the Code!



A selection of queries received in the HIPE unit recently:

Query: A patient who has undergone previous right mastectomy with a breast implant inserted at the time of surgery recently suffered from a painful capsule. She was admitted for removal and reinsertion of the implant.

Answer: Principal diagnosis 996.79 other complication due to other internal prosthetic device.

Surgery performed: 85.93 Revision of breast implant.

Complications sometimes develop in patients who have breast implants, making removal of the implants advisable. In such cases, the code for the principal diagnosis depends on the nature of the complication. For example, if the reason for the surgery is that the implant has ruptured, the principal diagnosis code is **996.54, Mechanical complication due to breast prostheses**. When the reason for removal is that the patient had a capsular contracture of the right breast, code **996.79, Other complications due to other internal prosthetic device**, is assigned as the principal diagnosis. Code **85.94, Removal of implant of breast**, is assigned for removal of a breast implant.

Ref: F Brown. Coding Handbook AHA, Chicago, 2000

Query: A patient with multiple myeloma was admitted for irrigation of Hickman's catheter. How would you code this case?

Answer: The principal diagnosis would be **V58.81 Fitting and adjustment of Vascular Catheter**, followed by **203.0 Multiple Myeloma**. The procedure code would be **96.57 Irrigation of Vascular Catheter**.

Query: What is the code for CREST syndrome?

Answer: The code for CREST Syndrome is **710.1**

Dorland's medical dictionary defines this syndrome as: "A form of systemic scleroderma usually less severe than other forms. Consisting of **C**arcinoid cutis, **R**aynaud's phenomenon, **E**sophageal dysfunction, **S**clerodactyly and **T**elangiectasia"



Day Cases with Trauma Codes

To ensure correct coding and reporting of the case types you describe, it is important that there is compatibility between the coding of the source of admission, the day case indicator and the principal diagnosis. Depending on how these data items are completed, the following circumstances may arise:

■ If the case is entered as a booked source of admission (1 or 2) and a trauma diagnosis code (e.g. 931 or 932) is entered an edit check *may* query these cases against the source of admission. This check will be overridden by the coder where appropriate.

■ If a patient is admitted with a *trauma* source of admission (4, 5, 6 or 7) and is admitted and discharged on the same day, the HIPE data entry system **will not allow** this case to be recorded as a day case because the definition of the day case stipulates that the case *must be elective*. For trauma cases admitted as day cases electively the source used will have to be that of an elective admission (1 or 2) which is appropriate to a day case procedure. The daycase

indicator field does not generate edit checks against the principal diagnosis.

In summary, therefore, elective day cases with trauma codes can be coded through the HIPE system though the coder is generally prompted to explain the reason for using trauma codes with a booked source of admission to ensure that correct procedures are being applied.

GUIDELINES FOR CODING ISCHEMIC HEART DISEASE AND ANGINA

Ischemic Heart Disease

Ischemic heart disease is the general term for a number of disorders affecting the myocardium caused by a decrease in the blood supply to the heart due to coronary insufficiency. Other common terms for ischemic heart disease are arteriosclerotic heart disease (ASHD), coronary ischemia, coronary artery disease, and coronary arteriosclerosis (atherosclerosis).

Code 414.0x Coronary atherosclerosis, includes conditions described as arteriosclerotic heart disease, coronary arteriosclerosis, coronary stricture, and coronary sclerosis or atheroma.

Other Acute and Subacute Ischemic Heart Disease

Code 411.1, Intermediate coronary syndrome, includes conditions described as **unstable angina, crescendo angina, preinfarction angina, and impending myocardial infarction**. These conditions occur after less exertion than angina pectoris; the pain is more severe and is less easily relieved by nitroglycerin. Without treatment, unstable angina often progresses to acute myocardial infarction.

The Sequencing for coding Ischemic Heart Disease and Intermediate coronary syndrome.

Code **4111** is designated as the principal diagnosis **only** when the underlying condition is **not** identified and there is no surgical intervention.

Patients with severe coronary arteriosclerosis and unstable angina may be admitted for cardiac bypass surgery or a percutaneous coronary angioplasty to prevent further progression to infarction. In such cases, the code for coronary arteriosclerosis (**414.0x**) is assigned as the **principal diagnosis**, with an **additional** code for the **unstable angina**.

Pre-Infarction Angina

This is angina which occurs at rest and is refractory to treatment. Assign code 411.1, Intermediate coronary syndrome unless the condition develops on the same episode into a MI. In the case where an MI evolves a code from 410.xx will **only** be used.

Unstable Angina/Crescendo Angina

If unstable or preinfarction angina evolves into a MI, *only* the MI is coded, as angina is considered an integral part of the MI disease process.

Post Infarctional Angina

If the patient experiences postmyocardial infarction syndrome it is coded to **411.0**. Postmyocardial infarction, also called Dressler's syndrome, is a pericarditis characterized by fever, leucocytosis, pleurisy, pleural effusion, joint pains and occasionally pneumonia. Postinfarctional angina is assigned a code from category 411, other acute and subacute forms of Ischemic heart disease, regardless of whether it occurs during the same hospitalization as the treatment for the MI or later. Unlike preinfarctional angina, postinfarctional angina *may be coded* in conjunction with an acute MI. Post infarction angina is unusual and must be documented by the physician in the medical record. Unstable postinfarctional angina is assigned code **411.1**.

Except for these two conditions, no code from category 411 is assigned with a code from category 410.

Windows HIPE Reporting

One of the principal reasons for the new version of HIPE was to address the issues the DOS version of HIPE system had with new windows systems (such as Windows 95 and NT). We are currently working on the reporting portion of the HIPE system so that the same issues can be addressed for it.

When examining how reports are generated, it is clear to see that there are a series of steps undertaken by the coder. These questions boil down to the following 4 questions

(A) What data do you want to use ?

In the majority of cases, the coder does not change this and so they use the *live* database. But on occasion, the coder would select an archived year.

(B) What selection of the data is to be used ?

This refers to the selection criteria for the report such as only cases between some dates or only uncoded cases etc.

(C) What type of report do you want ?

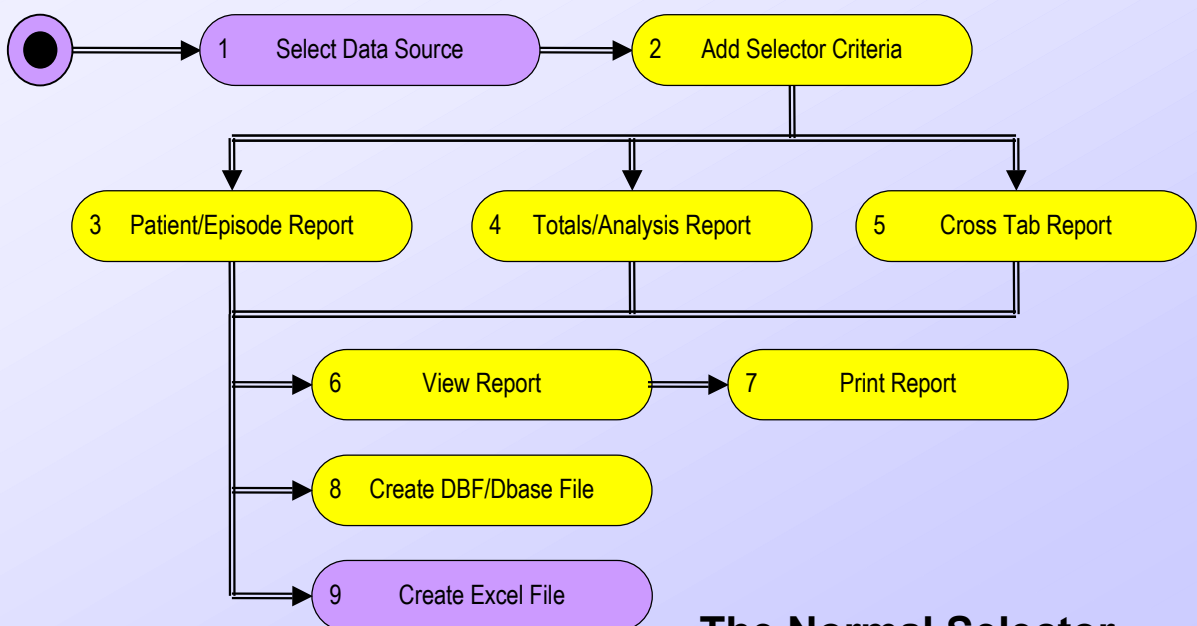
Do you want an episode/patient report which lists all the details for individual patients or do you want the number of patients in different categories (such as residences).

(D) What do you want to do with the report ?

When the report is created you can store the report, view the report, print the report and save the report as an excel file.

The following flow diagram illustrates the steps themselves and shows some of the options which occur for questions C and D. The parts in purple are steps which are implicit in the old HIPE reporting system and which will be explicit in the new system. Notice how question C is now split up into three different classes of reports, Episode reports, Totals/Analysis reports and Cross-Tab Reports. These are the Principal types of reports in the existing HIPE system.

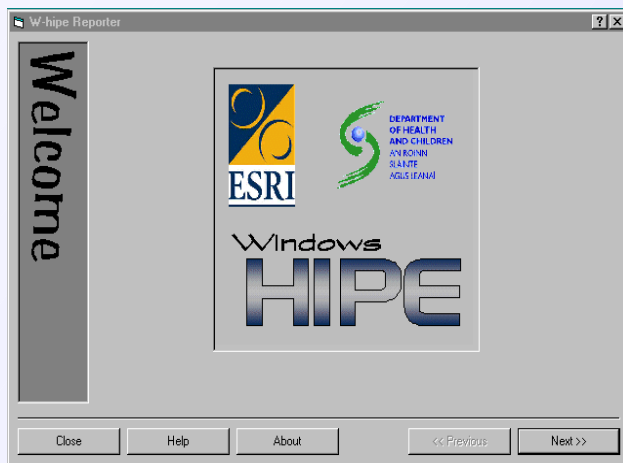
These steps need to be taken into account when developing the Windows HIPE Reporting system.



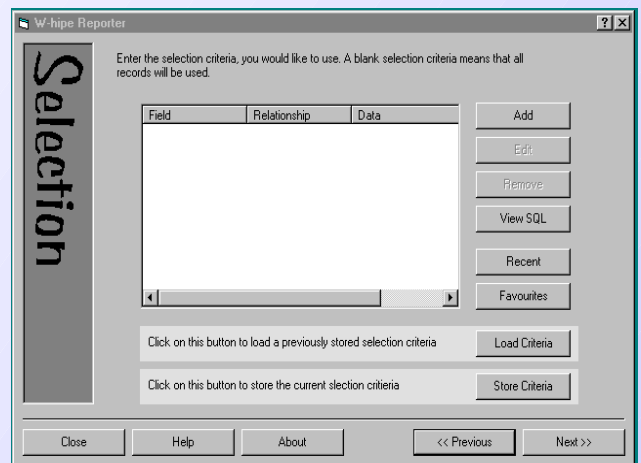
**The Normal Selector
Steps**

Windows HIPE Reporting

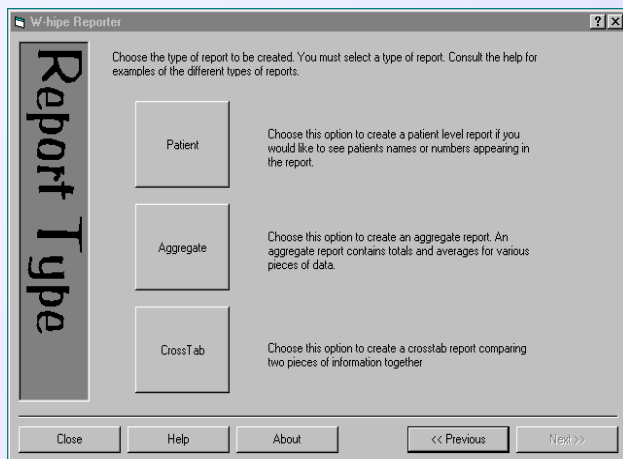
It is clear that the steps identified represent individual aspects of the reporting generation process. The usual way of defining a series of steps of this nature in a windows based program is to use a “Wizard” interface (consisting of “Next” and “Previous” buttons to traverse the various steps). A series of screens for the forthcoming windows HIPE reporting wizard is shown below.



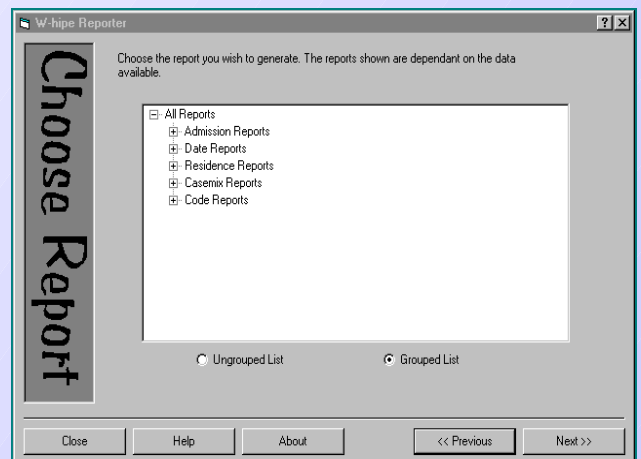
Pic 1 : The Starting Screen



Pic 2 : The Selector Screen



Pic 3 : The Report Type Screen

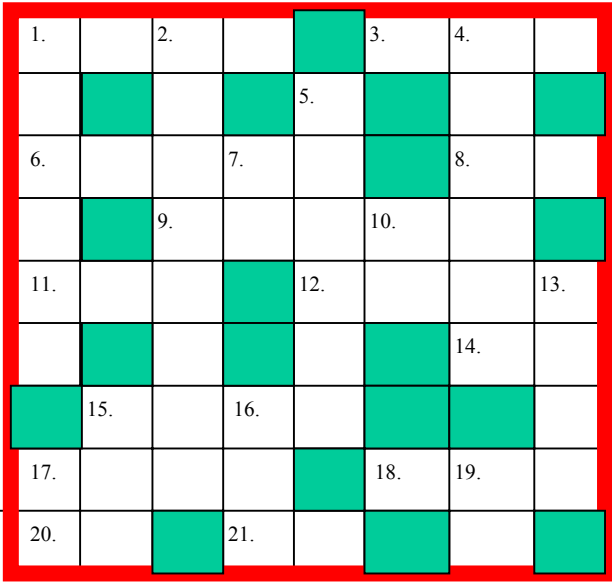


Pic 4 : The “Totals/Analysis Screen

- Picture 1 shows the starting or welcome screen. At this stage the coder would have already typed in a username and password to access the data.
- Picture 2 shows the selector screen. Coders are able to Add, Edit and Remove Selection Criteria lines which appear in the large white area on the screen. The coder can also load and save criteria using the load and save criteria buttons below.
- Picture 3 shows the report type screen and shows the clear choice between Patient reports, Aggregate reports (Totals and analysis reports) and Cross-tab reports. Other reports in the existing HIPE system such as summary reports would be found under the aggregate report option.
- Picture 4 then gives a (partial) list of the Aggregate or totals/Analysis reports. The reports are organized under certain headings such as Date reports and CASEMIX reports to make finding the report easier than ever.



CHRISTMAS PRIZE PUZZLE



THE CLUES

ACROSS

1. Cold Place in 2400 (Area of Residence), (4)
3. Type of case where patient is admitted electively and does not stay overnight, (4)
6. Santa is making this & will check it twice, (1,4)
8. Abbreviation for code range 454, (2)
9. A form of pollution that is often heard, (5)
11. Abbreviation for 1st part of dx. 722.2, could be electrical shop, (3)
12. Abbreviation for 242.2, (4)
14. E884.9 - fall from one level _ another, (2)
15. Use code V43.1 when this has been replaced, (4)
17. “ — the Herald Angel”, (4)
18. Children should go to — early on Christmas Eve, (3)
20. Abbreviation for another name for Hypertension, (2)
21. Abbreviation used for Dx code 424.1.

DOWN

1. Fancy butter eaten with Christmas Pudding, (6)
2. One of these has a very shiny red nose, (8)
4. Religious term for time before Christmas, (6)
5. This Media type could be hard on the ears, (6)
7. “ — here it is Merry Christmas” Noddy sang, (2)
10. Abbreviation for Systolic Murmur, (2)
13. “ — King Wenceslas”, (4)
15. Short for approach used in 51.23 op, (3)
16. Medical abbreviation seen in chart when a person has no known allergies, (3)
17. Short lab name for Haemoglobin, (2)
19. This little guy should phone home, (2)

Name: _____

Address: _____

Send your completed crossword (photocopy will do) to the HIPE Unit, ESRI to enter a draw for a prize!

Upcoming H.I.P.E. courses

The following courses will be held in the New Year in the ESRI.

Basic Course: 30th, 31st January & 1st February 2001.

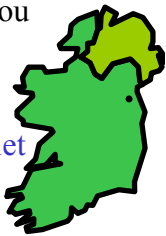
This is a two and a half day training course for beginners. Coders who attend this will have some medical records experience and before attending the course will have at least two weeks on-the-job experience. It would be beneficial for attendees to be given access, however limited, to the coding department of the hospital prior to the course. Ideally they will be given an opportunity to code some charts as an exercise before attending the course here. Exercises will be forwarded to each attendee to be completed prior to attending the course.

Refresher: 23rd & 24th January 2001

This course is for trained coders who would like a run through some of the basics and brush up on their coding skills.

Please ring Marie Glynn (01-6671525 Ext.467) as soon as possible for an application form if you have any candidates for these courses.

Future Workshops: If you have any requests or new ideas for workshops in the future please do not hesitate to contact us. If you would like us to hold a **Regional Workshop** in your area let





Please remember to complete your last 2000 export before the New Year
(that is, each of your exports should have a December date).

For any of you up and running on the new WHIPE system,
please contact me if you need any WHIPE stickers or coding forms.

Merry Christmas,
Natalie.



To contact the HIPE Unit....



For Coding:

Deirdre Murphy

(ext 479: e-mail: deirdre.murphy@esri.ie)

Marie Glynn

(ext 467: e-mail: marie.glynn@esri.ie)

Susan O'Connell

(ext 470: e-mail: susan.oconnell@esri.ie)

Jacqui Curley

(ext 468: e-mail: jacqui.curley@esri.ie)



PC/Statistics/Exports

Anne Clifton

(ext: 471: e-mail: anne.clifton@esri.ie)

Aisling Mulligan

(ext: 469: e-mail: aisling.mulligan@esri.ie)

Natalie Wall

(ext: 464: e-mail: natalie.wall@esri.ie)



Software Support

Brian McCarthy

(ext:435: e-mail: brian.mccarthy@esri.ie)

All above available at:

HIPE Unit, ESRI, 4 Burlington Road, Dublin 4.

Phone: (01)667 1525

Fax: (01)668 6231

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

Deirdre Murphy, HIPE Unit, ESRI, 4 Burlington Road, Dublin 4.

Phone 01-6671525 Fax 01-6686231

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



Index of topics covered in past issues of Coding Notes. Please contact us for any back issues required.

Topic	Issue	Topic	Issue
Anaemia	Oct-99	National Export	Dec-99
Antepartum condition	Feb-98	Neoplasms	Mar-00
Area of Residence code s	Jul-99	Nerve blocks for occipital neuralgia	Jun-00
Burns post treatment	Sep-00	Obstetrics 5th digit 3	Jul-99
Backup - HIPE Computer	Dec-98	PC problems	Mar-99
Carotid artery stenosis	Jun-00	Physician documentation	Mar-99
Cervical pregnancy	Oct-99	Poisoning from spray paint	Jun-00
Ciliary Dyskinesia	Oct-99	Preoperative examination	Jun-00
Code 3 Source of Admission /		Prophylactic organ removal	Oct-99
Discharge code 3	Dec-99	Pulmonary Embolism	Feb-98
Circumstances of poisoning undermined			
Code E98+	Jul-99	Renal dysfunction due to Zestril	Sep-00
Conjunctival irritation due to		Renal workshop review	Dec-99
exposure to ammonia gas	Jun-00	Resource material	Mar-00
Cordocentesis	Sep-00		
Coronary Artery Stents	Jul-98	S.T.I.N.G. Procedure	Dec-98
CVA with residual quadriplegia	Jul-99	S.W.E.T.Z. procedure	Jul-99
CVAs	Mar-00	Seeing double	Jul-99
Delivery at 18 weeks	Jul-99	Smoking	Feb-98
Diabetes Mellitus	Sep-00	Social V-codes	Oct-99
Direct or Indirect Hernias	Dec-99	Streptokinase	Dec-99
Dislocated hip replacements	Feb-98	Summer codes	Jul-99
Embryo transfer under G.A.	Mar-00	TVT	Dec-99
Gamekeeper's thumb	Mar-00	Unknown date of birth	Sep-00
Haematology workshop review	Dec-99	V-codes	Jul-99
Head injury with concussion	Jul-99	Windows-HIPE Data Entry System	Mar-00
Heliocobacter	Mar-99	Windows-HIPE on the Web	Sep-00
Hydrocephalus	Dec-98		
Information on W-HIPE	Dec-99		
Injection of Platelet Inhibitor	Dec-99		
Insertion of minerva coil	Jun-00		
Insulin tolerance test	Sep-00		
L.R.T.I.	Mar-99		
Late effects of CVA	Jul-99		
M.E.	Mar-00		
M.R.S.A.	Feb-98		
Melanoma and Breast Cancer	Jun-00		
Multiple myeloma	Dec-99		
Myeloid leukaemia	Dec-99		

