

# Coding Notes

HIPE UNIT, ESRI



Issue 15



December 2001

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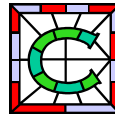
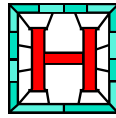
The Health Strategy & HIPE

Contact details

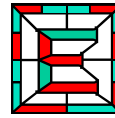
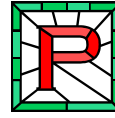
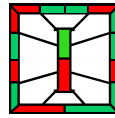
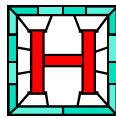
The year ahead

Christmas Prize Crossword Puzzle

Index of topics covered in past issues of  
Coding Notes 8



Happy Christmas from



## New Developments in HIPE

For all discharges from  
01.01.2002 there are going to be  
some innovative and important  
changes to the HIPE information  
collected...



From 1.1.02 we will now be able to code **10 diagnoses and 10 procedures** for each episode of care. Many of us have wanted this change for a long time so now we have the flexibility to code four more conditions and six additional procedures.

The **Admission Codes** are now split into two fields to identify separately the **Type (or priority)** of admission i.e. whether it was an emergency or not and the **Source** i.e. where the patient was prior to admission. Within this new **admission Type** we have codes for maternity and newborn admissions. The **Source of admission** will be a separate field to identify where the patient was residing prior to admission. This code will identify whether the patient was admitted from home, other hospital or other facility. The **discharge codes** have also been expanded to include more destinations such as hospice or rehabilitation unit. Transfers in and out of Psychiatric hospitals or units now have their own source and discharge codes.

The **area of residence** which identifies the place where the person would normally reside, i.e. 'home address' has been expanded to cater for more international codes in Europe and world wide. Foreign nationals now resident in this country would have a code assigned for where they now live in Ireland. Foreign visitors here for short stays would be coded to the country where they normally reside. In addition:

**The number of days or part thereof a patient spends in an intensive care environment** will now be collected where appropriate.

**The number of days or part thereof a patient spends in a private bed** will also be collected where applicable.

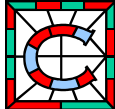
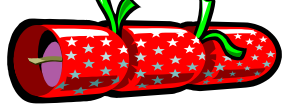
The **Discharge Consultant** will now be collected.

The patient's status on admission will *no longer* be collected.

Details of all these changes are being sent out separately in a new Instruction Manual which will be used for all discharges from 1.1.02.

## Christmas Arrangements in the ESRI

The H.I.P.E. Unit in the ESRI will close at 12.30pm on Monday 24th December 2001 and will re-open at 9.30am on Wednesday 3rd January 2002. 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:

#### Question

How do I code a patient who presents to hospital with auto immune hepatitis?

#### Answer:

Code to 571.49 (Chronic Active Hepatitis).

#### Question:

A patient presents to hospital for a closed reduction of the humerus with intra-medullary nailing inserted through key-hole surgery. What procedure code do I use in this case?

#### Answer:

Code to 79.11 (Closed reduction of fracture with internal fixation of humerus).

#### Question:

A patient is diagnosed as having an Atrial Myxoma and is admitted for excision of same. What codes do I use for the diagnosis and procedure?

#### Answer:

The diagnosis code in this case would be 212.7 (Benign neoplasm of heart)

Code the procedure to 37.33 (Excision or destruction of other lesion or tissue of heart).

#### Question:

A patient who has gastroesophageal reflux disease is admitted for a TEG (Transesophageal gastroplication). What procedure code(s) do I use in this case?

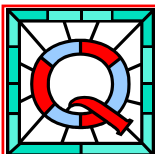
#### Answer:

Code the TEG procedure using 2 codes; 44.69 (Gastroplication) followed by 42.2 (Transesophageal).



### *A Note on Explanation Notes..*

*You need to add to the explanation note each time a diagnosis and/or a procedure is challenged on the same record. Otherwise you won't be able to store the record. So remember for each challenge add to that explanation note!*



## Queries

Jacqui Curley  
Audit Manager



### The Coding Query Process

The HIPE Unit receives coding queries from coders all over the country.

The queries are submitted by telephone, fax, e-mail, Help sheets, Problem Drug sheets and letters. Queries also arise at various courses and on hospital visits.



A number of coding reference manuals and other resources are used in answering your queries including the American Hospital Association's "Coding Clinic" as referenced in your ICD-9-CM coding book. Medical reference books such as the *Merck Manual* are also used. In addition, the Internet is a fantastic source of medical information (see page 5 for more on Web Sites).



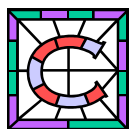
The HIPE Unit coding team in the ESRI meet twice a month to discuss queries. The queries are answered as promptly as possible and occasionally further investigation or information is required and the coder may be contacted for further information. If you are sending a query in any format try to give as much information as you can. If you are phoning or e-mailing a query it may help to keep in mind the details asked for on the "Help" sheets. In particular, try to find out the doctor's view on the case.



We keep a record of all queries submitted and we cover a selection of queries received in the HIPE Unit in Coding Notes (see above). The queries you send in to the HIPE Unit are an important part of coder training and maintaining HIPEdata quality. Remember, if you are unsure of any code **please ask!**

**Help Sheets** may be posted to the ESRI at the usual address or Faxed to **01-6686231**.

E-Mail your queries to - [HIPEcodingquery@esri.ie](mailto:HIPEcodingquery@esri.ie)



# Coding courses held in 2001

2001 was another busy training year for the H.I.P.E. Unit with:

9 Basic coding courses - training a total of 62 people.

3 Intermediate courses - training a total of 31 people.

Workshops in Dublin and regionally were attended by 80 people.

Topics covered at these workshops included Obstetrics, Circulatory Disorders and Neoplasms.



Marie Glynn,  
Training Co-ordinator

**Basic coding course.** Always let us know as soon as you need a new coder trained, and we will let you know when the next course is scheduled, usually about every 6 - 8 weeks. We have reduced the numbers attending each Basic coding course to 8 or less attendees to make it more beneficial, so as a result places are limited. We always do our best to accommodate you as promptly as possible

**Intermediate course.** Once a coder has attended a Basic coding course, they are invited to attend an Intermediate course within 4 - 6 months.

**Workshops.** Once coders have attended *both* a Basic and an Intermediate H.I.P.E. course they may then attend the workshops. Each year we hold a variety workshops on such topics as Obstetrics, Circulatory Disorders, Neoplasms and Plastic Surgery. We often organise speciality speakers for the workshops. The topics for workshops come from suggestions received throughout the year from coders and H.I.P.E. Casemix Co-ordinators. These workshops are also held at regional level.

Upcoming workshops are advertised in Coding Notes. Always let us know if there is any topic you would like covered in a workshop and we will do our best to facilitate you.

Coders are always welcome to repeat any course if it is of benefit to them.



## Applying for H.I.P.E. courses.

With around 200 coders a year attending courses it takes a great deal of organising and your co-operation as always is appreciated to help the smooth running of these courses.

**Closing dates.** When courses are advertised, it is very important that you apply as soon as you can. It is essential for the organisation of the course that application forms are returned by the closing date stated on the form so that appropriate preparations for the course can be made such as accommodation and documentation.

**H.I.P.E. Course Evaluation.** We always welcome feedback from our training courses. When you attend a H.I.P.E. course, please take the time to complete the H.I.P.E. Course Evaluation form, and outline any particular HIPE training initiatives that you would like organised. For example if you would like a workshop on a particular topic or a course organised in your region, please let us know.

Always feel free to contact with suggestions for training initiatives.

~~We look forward to seeing you in 2002 for more HIPE training courses.~~



Please remember to complete your last 2001 export before the New Year (that is, each of your exports should have a December date).

Please contact me if you need any WindowsHIPE stickers or coding forms.

Merry Christmas, Natalie.



# dhoc Reports

The current version of Windows HIPE is **1.89b**  
Please ensure you have the correct version.

Windows HIPE Version 1.89b now features an easy to use method of creating simple reports from the data in the Windows HIPE Database. This feature is called Adhoc Reports and can be started by clicking on the “*Special Function*” button and choosing the “*Adhoc Report*” option from the “*Report*” menu. The full integrated reports system (previously known as The Selector in Dos HIPE) for use with Windows HIPE is being prepared and will be issued in the near future.

## How adhoc reports are created

1 The first step in creating reports is to choose the range of discharge dates. You need to choose a start date and an end date. The *Generate Report* button cannot be used until two dates are typed into the boxes.

2 For the second step, choose the type of report you would like. If you are interested in the report which contains a list of patients and shows some basic details about their stay choose the first type of report. Alternatively, if you are looking for a Totals and Analysis type report which shows the number of patient episodes in different categories choose the second type of report. In the latter case, you need to select the category from the list.

3 The third step is to choose the selected records to be included in the report. This is the same as choosing the selection criteria for the report. If you are only interested in the cases that were transferred, then choose cases which have source code of 3 and discharge code of 3. If you are interested in males aged between 21 and 35 choose the gender of male and the ages (in years) between 21 and 35. Leave all the fields un-clicked and blank if there are no selections.

To add a selection, click on the check box and then enter the selection. To remove a selection, unclick the check box. In the majority of cases, enter a number in the start box for the start of the selection and a number in the end box for the end of the selection. There are a few fields which are selected in a slightly different way. (see [Special Selection](#) section below)

4 The Final Step is to create the report by using the *Generate Report* button to create the report. You will be offered a choice of printing the report or viewing the report. If the *Generate Report* button is unavailable, the dates have not been entered correctly. If you decide you do not want the report, use the *cancel* button.

## Special Selections

In the majority of cases, a selection is created by indicating the ‘Start’ value and the ‘End’ value. However for a small number of fields, the method of selection is different.

### Consultants/Specialties/Areas of Residence

To choose a series of codes for these fields, enter each code required in the box separated by spaces. To choose a range of codes enter the starting code followed by a minus (-) sign followed by the ending code. The following examples are residence codes which could be used.

To select the counties in Munster enter the codes ‘0800 0901 1000 1101 1200 1300 1401 1500 1700 1600’

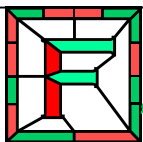
To select all out the northside of Dublin, Louth and Meath enter the following codes ‘0100-0117 3100 3200’

### Type of Case

To select a type of case, you need to select between two options. The case is either a Daycase or an Inpatient.

### Status of case

To select on the status of a case, you need to select between two options. The case is coded or uncoded.



## *frequently asked questions about Adhoc reports*



### **Can I create an “Uncoded cases” report with Adhoc reports ?**

*Yes, It is possible to create an “Uncoded cases” report by selecting a patient report and selecting the type of cases that are uncoded.*

### **Is it possible to extract data into a particular file ?**

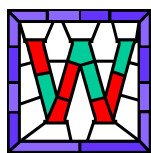
*Yes, Use the “Options” Tab and enter the name of the file. The Tab will automatically name the file something beginning with “rept” and with a four digit number e.g.rept4098. The File will automatically be created in the ‘My Documents directory’. The file type can be either Text, Dbase or Access.*

### **How do I extract data so that it is viewable in Excel ?**

*Create a Dbase File and “Store” it. Now open Excel and open the same file by using “File” and then “Open” and changing the type of file to Dbase Files.*

### **Sometimes the report takes longer than others. Why ?**

*The factors which can affect the length of time a report takes are to do with the range of dates selected. If a range of dates across years is selected, it will take longer to create the report. However, if the same range is used in subsequent reports the program will remember this and reuse its previous work.*



## *eb sites worth a visit!*



*With so many of you now having your own e-mail and access to the World Wide Web there are lots of sites to visit for useful medical information. Here are a few of our favorites:*

 <http://www.ncri.ie/>

This is the web site of the National Cancer Registry of Ireland.

 <http://www.mayoclinic.com/>

•This is packed full of useful information provided by the Mayo Clinic in the United States of America.

 <http://www.oncolink.upenn.edu/>

The University of Pennsylvania Cancer Center resource. Here you will find in-depth information about cancer.

 <http://www.health.medscape.com/drug/>

Use this site to search for any unfamiliar drugs that you may come across.

 <http://www.lib.uiowa.edu/hardin/md/index.html>

This site lists hundreds of links by disease category and is maintained by Hardin Library for Health Sciences University of Iowa.

Search engines are very useful sites where you can enter a key word and let them do the searching for you. Try:

**[www.altavista.com](http://www.altavista.com) or [www.yahoo.com](http://www.yahoo.com)**



**Point 84** The organisation and management of services will be enhanced to the greatest benefit of patients  
Medium to long-term measures

- The forthcoming National Health Information Strategy will provide for increased investment in improving information-sharing/technology within and between hospitals and primary care services.
- The National Hospitals Agency and health boards will work with the Economic and Social Research Institute in developing further relevant hospital in-patient enquiry (HIPE) data and casemix data to assist in decisions on managing hospital services.
- The National Hospitals Agency will pursue a co-operative approach with the private hospital sector with a view to extending HIPE to all private hospitals.

*Source: Department of Health & Children, Quality and Fairness: A Health System for You, November 2001 p.105*

## To contact the HIPE Unit:



### For Coding:

Deirdre Murphy (ext 402):  
Marie Glynn (ext 467):  
Susan O'Connell (ext 470):  
Jacqui Curley (ext 468):

**Coding queries submitted by e-mail**  
may be sent with as much detail as possible (see Help! sheet for guidelines of information required)

to: **HIPEcodingqueries@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. 466: e-mail brian.mccarthy@esri.ie)  
Shane McDermott (ext. 419: e-mail shane.mcdermott@esri.ie)  
Mark McKenna (ext. 465: e-mail mark.mckenna@esri.ie)

### All above available at:

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

Phone: (01)667 1525

Fax: (01)668 6231

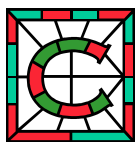
*If you have any ideas for future topics for Coding Notes please let us know. Thanks and keep in touch.  
Happy Christmas and a peaceful new year.*

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

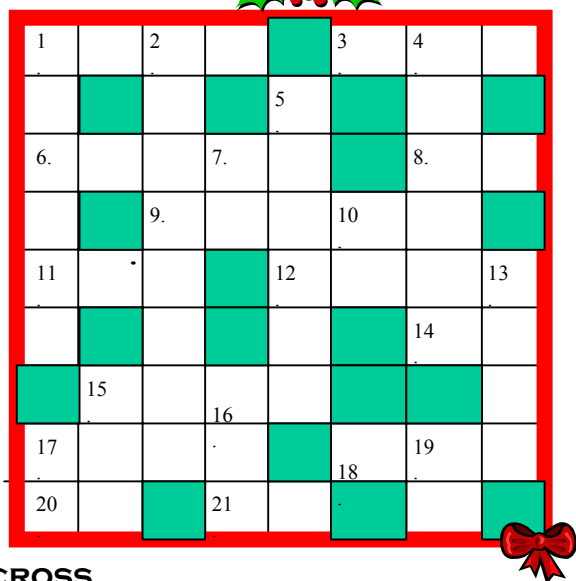
*Phone 01-6671525 Fax 01-6686231*

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





# CHRISTMAS 2001 PRIZE PUZZLE



## ACROSS

1. First operation in procedure alphabetical index (4)
3. Abbreviation at the main term **Pyrexia** in the alphabetic index (3)
6. 1st disease mentioned as included in diagnosis code 362.18 (5)
8. Abbreviation of "For example" (2)
9. Ultraviolet ----- therapy, Op code 99.82 (5)
11. Use a "+" and abbreviate **Insertion and Removal** (3)
12. Where the turkey is cooked (4)
14. Abbreviation for "**Removal of**" (2)
15. Abbreviation for **Full Term Normal Delivery** -Dx 650 (4)
17. Santa normally says 19 down twice (4)

18. Abbreviation for Non Hodgkin's Lymphoma (3)

20. Abbreviation for History but not H/O (2)

21. Short for Dx code 787.01 (2)

## DOWN

1. Condition listed as 1st main term on page 19 of coding book can make one look pale (6)
2. Type of gastrectomy shown in coding book diagram for op code 43.6(8)
4. Op code 56.2 is an incision of the -----(6)
5. "-- ---- "as gold (2,4)
7. Two Vowels, but not 'a', 'o' or 'u' (2)
10. Abbreviation for Dx code 735.0(2)
13. "The first ----, the angels did say"(4)
15. "Madra rua", might steal the chickens (3)
16. A # that fails to unite is known as a, --- union(3)
17. Abbreviation for Dx code 553.3 (esophageal hernia)(2)
19. Half of what Santa says(2)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

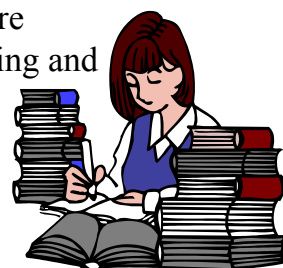
Send your completed crossword (photocopy will do) to the HIPE Unit, ESRU to enter a draw for a prize!

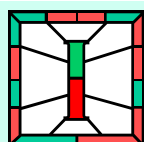
## The Year ahead....



Plans for 2002 include Coder's conference later in the year and as part of that to launch an Irish coder's society. In January 2003 we are planning to upgrade the current coding scheme of diagnoses and procedures. Watch coding notes for more information on all these developments. There are exciting and challenging times ahead, as usual, in HIPE!

With only one year left coding with the current version of ICD-9-CM be kind to your coding books as they will be retiring at the end of this year as we'll all get new coding books next year. Your coding books work as hard as you do so be nice to them!





## Index of topics covered in past issues of Coding Notes.

Please contact us for any back issues required.

Topic	Issue	Topic	Issue
Adhoc Reporting	Dec-01	Keratopathy - band shaped	Dec-01
Amniotic Band Syndrome	Sep-01	L.R.T.I.	Mar-99
Anaemia	Oct-99	Laboratory Reports	May-01
Angina	Dec-00	Late effects of CVA	Jul-99
Antepartum condition	Feb-98	M.E.	Mar-00
Area of Residence codes	Jul-99	M.R.S.A.	Feb-98
Atrial Myxoma	Dec-01	Melanoma and Breast Cancer	Jun-00
Autopsy reports	May-01	Multiple myeloma	Dec-99
Autoimmune Hepatitis	Dec-01	Myelodysplasia Syndrome	Mar-01
Burns post treatment	Sep-00	Myeloid leukaemia	Dec-99
Backup - HIPE Computer	Dec-98		
“	May-01		
Cannulla insertion -pre chemo	Sep-01	National Export	Dec-99
Carotid artery stenosis	Jun-00	Neoplasms	Mar-00
Cervical pregnancy	Oct-99	Nephrolithiasis	May-01
Ciliary Dyskinesia	Oct-99	Nerve blocks for occipital neuralgia	Jun-00
Code 3 Source of Admission /			
Discharge code 3	Dec-99	Obstetrics 5th digit 3	Jul-99
Circumstances of poisoning undetermined			
Code E98+	Jul-99	PC problems	Mar-99
Closed reduction with Int Fixation -Keyhole	Dec-01	Phlebotomy	Dec-00
Closure of 1997 & 1998 HIPE National Files	May-01	Physician documentation	Mar-99
Complication post Mastectomy	Dec -00	Poisoning & Adverse Effects	Mar-01
Conjunctival irritation due to		Poisoning from spray paint	Jun-00
exposure to ammonia gas	Jun-00	Postpartum Pulmonary Oedema	Sep-01
Cordocentesis	Sep-00	Preoperative examination	Jun-00
Coronary Artery Stents	Jul-98	Prophylactic organ removal	Oct-99
Coronary Atheroma	Sep-01	Pulmonary Embolism	Feb-98
CREST Syndrome	Dec-00		
CVA with residual quadriplegia	Jul-99	Query process	Dec-01
CVAs	Mar-00		
Day cases with trauma codes	Dec-00	Renal dysfunction due to Zestril	Sep-00
	Sep-01	Renal workshop review	Dec-99
Day cases with an inpatient episode		Resource material	Mar-00
on the same day	Sep-01		
Delivery at 18 weeks	Jul-99	S.T.I.N.G. Procedure	Dec-98
Diabetes Mellitus	Sep-00	S.W.E.T.Z. procedure	Jul-99
Digoxin Toxicity	Dec-01	Seeing double	Jul-99
Direct or Indirect Hernias	Dec-99	Smoking	Feb-98
Dislocated hip replacements	Feb-98	Social V-codes	Oct-99
		Spondylosis	Mar-01
E-Codes	Mar-01	Streptokinase	Dec-99
Embryo transfer under G.A.	Mar-00	Summer codes	Jul-99
Exports by E-mail	May-01		
Foreign Body in wound	Sep-01	TEG (Transesophageal gastrolplication)	Dec-01
		Thermal Uterine Balloon Ablation Therapy	May-01
Gamekeeper's thumb	Mar-00	TVT	Dec-99
Haematology workshop review	Dec-99	Unknown date of birth	Sep-00
Head injury with concussion	Jul-99		
Health Strategy (Nov 2001)	Dec-01	V-codes	Jul-99
Helicobacter	Mar-99		
Hickamns' Catheter Irrigation	Dec -00	Web Sites	Dec-01
Hydrocephalus	Dec-98	Windows-HIPE Data Entry System	Mar-00
		Windows-HIPE on the Web	Sep-00
Information on W-HIPE	Dec-99	Windows-Start Screen	Sep-01
Injection of Platelet Inhibitor	Dec-99		
Insertion of minerva coil	Jun-00		
Insulin tolerance test	Sep-00		
Ischemic Heart Disease	Dec-00		

