

Coding Notes

HIPE UNIT, ESRI



Issue 27

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All aboard for Update 2005! Thank you to everyone for attending the recent Phase 1 workshops. The response from the courses has been very positive. 15 Workshops were held with almost 200 attendees. Comments on the new classification



Cork coders coming to grips with ICD-10-AM

received included 'clearer', 'more codes' 'excellent' and 'books are more user friendly' with lots of comments on the new codes available. Attendees acknowledged that,

although there is a lot to learn and it is back to the basics for everyone, the change is to be welcomed and will lead to better, more specific coding and, in turn, lead to a better HIPE system for coders and improved data.



Heads down in Waterford for the SE course

January 2005 Courses

Arrangements are now being finalised for the January 2005 nationwide courses and we are delighted to welcome Linda Best and Megan Cumerlato from the NCCH in Sydney, Australia who will facilitate this next phase in ICD-10-AM training and implementation.

Both Linda and Megan have been involved in the development of ICD-10-AM since its implementation in 1998. They liaise with clinicians and coders in relation to classification content for ICD-10-AM, prepare and present education material at workshops and seminars on the current classification and research and provide responses to coding queries. Each has their own areas of expertise providing invaluable input into the development of the classification.



NCCH trainers - Linda Best & Megan Cumerlato

Linda Best has been a Project Officer with the NCCH for the past six years and is also a member of the Coders Education Network providing coder education nationally. She has been a part time clinical coder at Westmead Hospital for ten years and continues to code at various hospitals on a casual basis.

Linda has worked for the Health Information Management Association of Australia (HIMAA) developing their textbook (*Introduction to Coding with ICD-10-AM*) and correspondence coding courses.

Megan Cumerlato has been an Education Officer with the NCCH for the past ten years and is also a member of the Coders Education Network providing coder education nationally. Megan worked at Westmead Hospital as a Health Information Manager from 1982 to 1986 and continues to work there on a part time basis as a clinical coder. She also works as a consultant coding auditor for various public and private hospitals. Megan is a guest lecturer for the School of Health Information Management, Sydney University.

We are very fortunate to have these two highly skilled and experienced trainers coming to Ireland to be involved with the implementation of ICD-10-AM. The course agenda will be full and each day begins at 9am sharp with registration starting from 8am. Please be sure to arrive in plenty of time to ensure you get the most of what will be a very exciting and worthwhile workshop.

Please ensure you have returned your form telling us if you are bringing ICD-10-AM with you and, of course, if you can attend the dinner after the first day of the course. We look forward to seeing you in January and if you have any questions or concerns on any aspect of the implementation do not hesitate to contact us.



Cracking the Code!



A selection of ICD-10-AM related queries

1.

Question: Do I use ICD-9-CM or ICD-10-AM to code a patient who was in hospital for 3 months and discharged on 1.1.2005?

Answer: Even though most of the patient's episode occurs in 2004, you will still need to code the entire episode in ICD-10-AM as their discharge date is on 1.1.2005.

2.

Question: Can I code an ASA score if it is documented in the nursing notes?

Answer: No. Only the score that is documented by the anaesthetist on the anaesthetic/operation form can be used to assign the appropriate code. The modifier of 'E' for emergency cases must be documented before assigning '0' for the second character of the extension. (Reference NCCH)

3.

Question: A patient is admitted for a gastroscopy to investigate abdominal pain. The finding on the operation report states gastric ulcer. Do I assign the abdominal pain or the gastric ulcer as principal diagnosis?

Answer: In this case, it is quite likely clinically that a gastric ulcer would cause abdominal pain and therefore it makes sense to code the ulcer as the principal diagnosis and not code the abdominal pain at all. (ACS 0046 Diagnosis Selection for Same-day Endoscopy) – See page 5 for more information on ACS 0046

4.

Question: What anaesthesia code do I assign for an obstetric patient who has an elective caesarean section under general anaesthesia?

Answer: Assign 92514-XX [1910] General anaesthesia for this patient's surgery. The codes from block [1333] are assigned for patients who have anaesthesia during labour (ACS 0031).

Facility available from 1.1.05 to enter up to 20 Diagnoses codes and 20 Procedure codes in W-HIPE

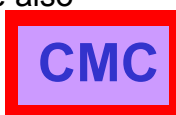
For all discharges from 1.1.05 it will now be possible to enter twenty diagnoses codes and twenty procedures codes into each HIPE discharge where and when appropriate. Many hospitals have asked for this increase and we are now implementing this facility for all cases discharged on or after 1.1.05. The W-HIPE software will allow these additional diagnoses and procedures to be entered on to the system.

Most cases in HIPE will not need these extra diagnoses and procedures but where appropriate it is important additional information.

Please contact the IT department with any questions in regard to this issue.

The 10-AM Commandments

The 10-AM Commandments in Coding Matters are published by the NCCH between editions of ICD-10-AM. This regular feature provides guidance to clinical coders about frequently asked questions and aims to address those areas of coding which require immediate attention by clinical coders. Coding Matters is available through the NCCH website and the 10-AM Commandments are also hyperlinked in the ICD-10-AM eBook.



ICD-10-AM Commandments Vol.6 No.1

Anaemia in neoplastic disease

Code **D63.0*** *Anaemia in neoplastic disease* should be assigned when anaemia occurs **in, due to or with** a neoplastic condition. The specific code for the neoplasm should be assigned when known, as indicated by the inclusion term:

D63.0* *Anaemia in neoplastic disease*
Conditions in Chapter II (C00–D48).

Note that according to ACS 0207 *Complications associated with neoplasms*, the condition which is the focus of the care should be sequenced as the principal diagnosis. Therefore if a patient is being treated as a same day patient for blood transfusion for anaemia (with underlying leukaemia), the principal diagnosis would be anaemia. However, because ICD-10-AM has the aetiology/manifestation rule for anaemia in neoplastic disease, **the dagger/asterisk sequencing takes priority over the standard.**

It is not necessary to assign another code in addition to D63.0* to indicate the type of anaemia.

Medical Assessment Unit (MAU)

From 1st January 2004 when a case is admitted as an Emergency (Type 4-7) the mode of admission must also be entered. The options are

- 1 A/E
- 2 Medical Assessment Unit (MAU)
- 3 Other
- 4 Unknown

Medical Assessment Units provide a short stay area (non elective/not pre-planned) for assessing medical patients who are triaged as needing further investigation before a decision on admission can be made.*

This information indicates where the patient was treated *prior to being admitted* into the hospital as an inpatient. HIPE does not currently collect information on patients who are assessed in MAUs and not subsequently admitted. Any other units in the hospital where patients are admitted and treated will be coded in HIPE.

*Source: Comhairle na nOspidéal, Acute Medical Units, Dublin, October 2004.

Coding of unwell Newborn/Neonates during the Birth Episode

In HIPE we currently do not collect data on 'well' babies^[1].

ACS 1607 gives instruction on the use of code range Z38.x (in ICD-9-CM this is the equivalent of the currently unused V30 – V39 section). **With ICD-10-AM codes from Z38.x will be applied only as secondary diagnoses to newborns/neonates who are unwell during the birth episode.**

1607 Newborn/Neonate – Amended ^[2]

On the baby's chart any morbid condition arising *during the birth episode* will have an additional code from Z38 *Liveborn infants according to place of birth added as an additional diagnosis*.

EXAMPLE 2:

Newborn, born in hospital, with hypoglycaemia, vaginal delivery.

| | | |
|--------|--------------|---|
| Codes: | P70.4 | <i>Other neonatal hypoglycaemia</i> |
| | Z38.0 | <i>Singleton, born in hospital</i> |

Z38 codes cannot be used when treatment is being provided in second or subsequent admissions.

^[1] This issue is under review

^[2] Extracted from NCCH ICD-10-AM, July 2004, Certain Conditions Originating in the Perinatal Period.

Diagnosis selection for same-day endoscopy - ACS 0046

ACS 0046 gives guidance on the selection of the principal diagnosis for patients admitted as day cases for scopes. The principal diagnosis will be the symptom or if a cause for the patient's symptom is found, this will be entered as the principal diagnoses. Any incidental findings of the scope unrelated to the symptom being investigated will be coded as additional diagnoses.

ACS 0046:

This standard advises when it is appropriate to assign the symptom or the finding as the principal diagnosis when coding **same day** endoscopies.

Such same day endoscopy procedures include colonoscopy, bronchoscopy, arthroscopy, cystoscopy, hysteroscopy, panendoscopy, endoscopic retrograde cholangiopancreatography (ERCP).

Please note that the standard does not apply to:

- Follow up investigations (see ACS 2113 Follow-up examinations for specific disorders)
- Screening examinations (see ACS 2111 Screening for specific disorders)
- Investigation of known conditions, or problems related to known conditions (see ACS 0001 Principal diagnosis and ACS 0002 Additional diagnoses)

1. The **finding** is sequenced as principal diagnosis *if a causal link is established* between the symptom and the finding (that is, either the clinician documents the link, or a standard directs coders to assume a link). The symptom will not be coded in this case.

2. The **symptom** is sequenced as the principal diagnosis if the documentation indicates that there is no causal link between the symptom and the finding. In this case, the findings will be coded as additional diagnoses.

3. If a causal link is neither established nor ruled out, coders need to apply their own clinical knowledge to determine what the principal diagnosis should be. In some cases the symptom will be the principal diagnosis, and in other cases the finding will be the principal diagnosis. The following examples from ACS 0046 explain this further:

Example: Patient with abdominal pain admitted for oesophagogastroduodenoscopy (OGD). Hiatus hernia listed as finding.

Principal diagnosis: abdominal pain

Additional diagnosis: hiatus hernia (and any other findings)

Procedure: OGD

In this case there is no obvious clinical connection between hiatus hernia and abdominal pain (hiatus hernia is more likely to cause reflux symptoms), therefore a decision is made to code the symptoms as principal diagnosis and the finding as an additional diagnosis.

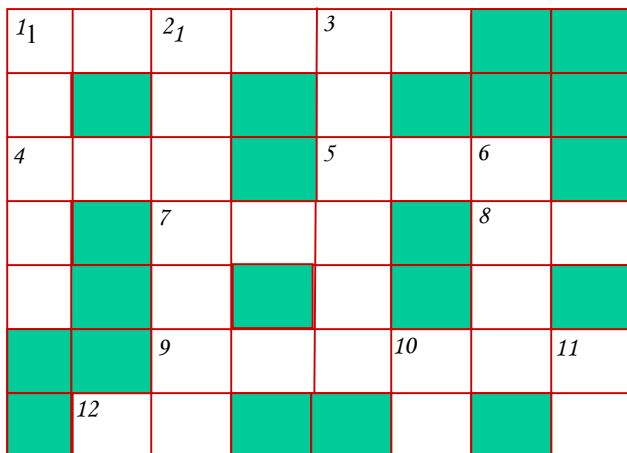
Example: Patient with abdominal pain admitted for oesophagogastroduodenoscopy (OGD). Carcinoma of stomach listed as finding.

Principal diagnosis: Carcinoma of stomach

Procedure: OGD

In this case, it is quite likely clinically that a carcinoma of the stomach would cause abdominal pain and therefore it makes sense to code the carcinoma as the principal diagnosis and not code the abdominal pain at all.

Christmas Crossword Competition



Across

1. Two of this type of Dove given (6)
4. Colour of Vol.1 in ICD-10-AM also the colour of Santa's suit (3)
5. ICD-__-AM in Letters for January 2005 (3)
7. Not In (3)
8. __ the 1st day of Christmas my true love gave to me (2)
9. Colour of Volume 5 of ICD-10-AM (6)
12. Letters that Diagnosis codes in Chapters 6 & 7 start with (1,1)

Down

1. Tabular List of Procedures in ICD-10-AM is Volume _____ (5)
2. The Red Nosed Reindeer (7)
3. Diagnosis Codes in ICD-10-AM begin with what children should have sent to Santa by now (6)
6. Another name for Christmas, "The first ____, the angels did say" (4)
10. Letters that Diagnosis codes in Chapters 16 & 17 start with (1,1)
11. Letters that Diagnosis codes in Chapters 4 & 5 start with (1,1)



Please photocopy your entry and send to:

The HIPE&NPRS Unit, 4 Burlington Road,
Dublin 4.

Name: _____

Hospital: _____

The winner will be announced in the next edition
of Coding Notes.



Winner:

Alex Coulahan, HIPE Coder, St. Vincent's Hospital, Dublin 4.

Answers:

1. What does ICD-10-AM stand for?

International Classification of Diseases, 10th Revision, Australian Modification

2. Which edition of ICD-10-AM will be in use from 1st January 2005?

4th Edition

3. What do a dagger (†) and asterisk (*) at a code denote?

Aetiology (†) and Manifestation (*) – Italicised code in ICD-9-CM

4. What word is used instead of 'late effect' in ICD-10-AM?

Sequelae

5. What does a triangle ▼ under either a disease or procedure code denote?

A reference to an Australian Coding Standard (ACS)

Training January 2005 – ICD-10-AM Courses

1. Dublin Monday 17th & Tuesday 18th January 2005
2. Dublin Thursday 20th & Friday 21st January 2005
3. Cork Monday 24th & Tuesday 25th January 2005
4. Galway Thursday 27th & Friday 28th January 2005



Training Co-ordinator, Marie Glynn – on another glamorous assignment!

You will have received a letter confirming the dates and times of the course that you are attending, together with information on the course venue and a form to return with extra information. Please check the dates & times, and if you have any queries regarding the course please contact us.

If you haven't booked a place on one of the Update Courses to be held in January, please contact us immediately. There are still places available on Course 4 for those who have attended Phase 1 courses in the Autumn.

Basic ICD-10-AM Course

A three day ICD-10-AM Basic Coding Course will be held in the ESRI for new coders who have no experience in HIPE coding from Tuesday 22nd February 2005 – Thursday 24th February 2005.

As always if you have any coders requiring basic training please contact Marie Glynn.

Following the implementation of ICD-10-AM further courses at all levels will be held throughout 2005.

ICD-9-CM Coding Course

We are aware Coders will be using ICD-9-CM for some time. During this transitional time coders who would like to attend an ICD-9-CM course can let us know and we will arrange a date for the course at the appropriate level.

Christmas Arrangements in the ESRI

The HIPE&NPRS Unit in the ESRI will close at 12.30pm on Friday 24th December 2003 and will re-open at 9.30am on Tuesday 4th January 2005.

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&NPRS Unit, ESRI, 4 Burlington Road, Dublin 4. Phone 01-6671525
e-mail: Deirdre.murphy@esri.ie.



Index of topics covered in past issues of Coding Notes.

All back issues are available for download from the website www.esri.ie or contact us for any issues required.

| Topic | Issue | Topic | Issue | Topic | Issue |
|---|---------|--|---------|--|---------|
| Activity in Acute Public Hospitals in Ireland 1990 -1999 – Launch | May-02 | Foreign Body in wound | Sep-01 | | |
| Adhoc Reporting | Dec-01 | Gamekeeper's thumb | Mar-00 | | |
| Admission Source | Feb-02 | | | Query process | Dec-01 |
| Admission Type | Feb-02 | | | | Mar-04 |
| Alcohol – coding | Sept-02 | Haematology workshop review | Dec-99 | | |
| | | Haemorrhoid Banding | Mar-04 | | |
| Amniotic Band Syndrome | Sep-01 | Head injury with concussion | Jul-99 | Renal dysfunction due to Zestril | Sep-00 |
| Anaesthesia (ICD-10-AM) | June-04 | Health Strategy (Nov 2001) | Dec-01 | Renal workshop review | Dec-99 |
| | | Helicobacter | Mar-99 | Resource material | Mar-00 |
| Anaemia | Oct-99 | Hickamns' Catheter Irrigation | Dec -00 | Retained Gauze – post op | June-04 |
| Angina | Dec-00 | Hydrocephalus | Dec-98 | | |
| Antepartum condition | Feb-98 | Hyperstimulation of the ovaries | Mar-04 | | |
| Area of Residence codes | Jul-99 | | | S.A.R.S. | Apr-03 |
| Atrial Myxoma | Dec-01 | | | Scleroderma Sutures | Dec |
| Autopsy reports | May-01 | ICD-10-AM | Mar-04 | S.T.I.N.G. Procedure | Dec-98 |
| Autoimmune Hepatitis | Dec-01 | | June-04 | S.W.E.T.Z. procedure | Jul-99 |
| | | Information on W-HIPE | Dec-99 | Seeing double | Jul-99 |
| Bed Days | Oct-03 | Injection of Platelet Inhibitor | Dec-99 | Smoking | Feb-98 |
| Burns post treatment | Sep-00 | Insertion of minerva coil | Jun-00 | SRV - Small round Virus | May-02 |
| Backup - HIPE Computer | Dec-98 | Insulin tolerance test | Sep-00 | Social V-codes | Oct-99 |
| Backup - HIPE Computer | May-01 | | | Spondylosis | Mar-01 |
| Backup - HIPE Computer | Mar-04 | Intra-ventricular haemorrhage | Oct-04 | Streptokinase | Dec-99 |
| Blood Transfusions | Dec-02 | Ischemic Heart Disease | Dec-00 | Stroke – assessment | Oct-03 |
| Breast Carcinoma | Apr-03 | | | Summer codes | Jul-99 |
| | | | | Sundowning | Dec-03 |
| Cannulla insertion -pre chemo | Sep-01 | Keratopathy - band shaped | Dec-01 | | |
| Carotid artery stenosis | Jun-00 | | | TEG (Transesophageal gastroplplication) | Dec-01 |
| Cataracts Procedures | Apr-03 | L.R.T.I. | Mar-99 | Thermal Uterine Balloon Ablation Therapy | May-01 |
| Cellulitis due to IV injection | Mar-04 | Laboratory Reports | May-01 | | Dec-99 |
| Cervical pregnancy | Oct-99 | Lap & Dye for Infertility | May-02 | TVT (transvaginal tape) | Dec-99 |
| Cheilectomy | June-04 | Late effects of CVA | Jul-99 | TVT - division of | May-02 |
| Chemotherapy, oral | Jul-03 | Leech therapy | Jul-03 | Twin-to-twin transfusion (syndrome) | Sep-02 |
| Churg Strauss Syndrome | Sep-02 | Library - HIPE Hospital | Oct-04 | | |
| Ciliary Dyskinesia | Oct-99 | | | Unknown date of birth | Sep-00 |
| Circumstances of poisoning undetermined | Jul-99 | Low-lying placenta | Sep-02 | Updating The Classification | Sep-02 |
| Code E98+ | Jul-99 | MAZE Procedure | | Updating Clinical Coding in Ireland: Options and Opportunities | Oct-04 |
| Clinical Coders' Creed | Oct-04 | M.E. | Mar-00 | | |
| Clo Test | Mar-04 | M.R.S.A. | Feb-98 | V-codes | Jul-99 |
| Closed reduction with Int Fixation | Dec-01 | Melanoma and Breast Cancer | Jun-00 | Viral Gastroenteritis | Sep-02 |
| -Keyhole | Dec-01 | Multiple myeloma | Dec-99 | | |
| Closure of 1997 & 1998 | | Myelodysplasia Syndrome | Mar-01 | Web Sites | Dec-01 |
| HIPE National Files | May-01 | Myelodysplasia | May-02 | Windows-HIPE Data Entry | |
| COAD | Apr-03 | Myeloid leukaemia | Dec-99 | System | Mar-00 |
| Code 3 Source of Admission / Discharge code 3 | Dec-99 | | | Windows-HIPE on the Web | Sep-00 |
| Coder Status in Windows HIPE | Feb-02 | National Export | Dec-99 | Windows HIPE Reporting | |
| Complication post Mastectomy | Dec -00 | National Clinical Coding Conference | Sep-02 | Frequently asked Questions | Sep-02 |
| Conjunctival irritation due to exposure to ammonia gas | Jun-00 | NCCH Website | June-04 | Windows HIPE Reporting Using Extracts | Dec-03 |
| Cordocentesis | Sep-00 | Neoplasms | Mar-00 | Windows HIPE Reporting | Dec-03 |
| Coronary Artery Stents | Jul-98 | Nephrolithiasis | May-01 | Windows-Start Screen | Sep-01 |
| Coronary Atheroma | Sep-01 | Nerve blocks for occipital neuralgia | Jun-00 | | |
| CREST Syndrome | Dec-00 | New Born Type of Admission | Jul-03 | | |
| CVA with residual quadriplegia | Jul-99 | Non-Q Wave Myocardial Infarctions | Dec-02 | | |
| CVAs | Mar-00 | NTPF indicator | June-04 | | |
| | | | | | |
| Day cases with trauma codes | Dec-00 | Obstetrics 5th digit 3 | Jul-99 | | |
| Day cases with an inpatient episode on the same day | Sep-01 | Ophthalmology Terminology | Apr-03 | | |
| Day Ward / Day Place Identifier | Oct-04 | | | | |
| | | | | | |
| Day Cases subsequently admitted as In-Patients | Mar-04 | | | | |
| | | | | | |
| Delivery at 18 weeks | Jul-99 | Pathological fracture | Oct-04 | | |
| Delivery compl by short stature | Jul-03 | PC problems | Mar-99 | | |
| Diabetes Mellitus | Sep-00 | Phlebotomy | Dec-00 | | |
| Digoxin Toxicity | Dec-01 | Physician documentation | Mar-99 | | |
| Direct or Indirect Hernias | Dec-99 | Place of occurrence of accident or poisoning | Feb-02 | | |
| Dislocated hip replacements | Feb-98 | Poisoning & Adverse Effects | Mar-01 | | |
| | | | Jul-03 | | |
| E-Codes | Mar-01 | | | | |
| Embryo transfer under G.A. | Mar-00 | | | | |
| Excessive use of GTN spray | Oct-04 | | | | |
| Exports by E-mail | May-01 | | | | |
| Exports | June-04 | | | | |

