



# Coding Notes



**HIPE &  
NPRS Unit**

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## The Year of '10'

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This year has been an exciting time of change for all involved with coding in Ireland and, now as the year draws to a close, we can all look back and remember this year when '10' arrived.

It's hard to believe that this time last year we were all looking forward with some trepidation to the arrival of ICD-10-AM. The five volume sets and eBooks were sitting poised in HIPE offices across the country ready to be sprung into action on January 1<sup>st</sup>. Would we be able to code the first chart from 2005? We were hoping there wouldn't be any complicated (or even simple!) diabetes cases to code. Would we remember to code all the anaesthetics? What if the ASAs weren't clear? What about ACS 0042, would we be able to let go of all those procedure codes?



In January 2005 Linda Best and Megan Cumeralato from the National Centre for Classification in Health (NCCCH), Sydney travelled to Ireland and spent two weeks conducting four workshops nationwide attended by one hundred and eighty-eight participants.

By the time the eleven post implementation workshops came around in April 2005 the Irish coding community had embraced the new classification and the workshops were full of enthusiasm and questions. One hundred and fifty seven attendees used the opportunity to clarify areas of concern. The ten recent specialist workshops held in November 2005 with two hundred and ninety-six attendances further proved how well the Irish coding community have adopted and adapted to ICD-10-AM.

ICD-9-CM is a distant memory now – can you remember the code for COAD in '9'? A year ago we thought we'd never remember any ICD-10-AM codes – not to recommend coding from memory! The ACS are well used and next year the plan is to introduce some Irish Coding Standards (ICS) as a companion document to further explain or adapt the ACS and make ICD-10-AM our own.

By the end of October 2005, data exported to the ESRI for 2005 indicated that over 90% of the 'new year' had been coded compared to the previous year. Work on the quality of ICD-10-AM coded data commenced early in 2005. This quality and audit work continues alongside ongoing education and are key areas in the maintenance of a robust and timely national hospital activity dataset. (See page 8 for all training news).

The ESRI would like to thank everyone for making this implementation

of ICD-10-AM a success through dedication, enthusiasm and hard work. This success can be accounted for also by the continuing support of the coders, HCCs, the hospitals and Department of Health and Children, which is acknowledged as crucial to the implementation.

Another new innovation this year is The National Coding Advisory Committee which has just been set up by the HIPE & NPRS Unit, ESRI with the inaugural meeting held in December.

We may not have a new classification for 2006 but I have no doubt it will be another exciting year for coding and for HIPE in Ireland.

Happy Christmas and a peaceful New Year to you all.

Deirdre Murphy

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# Changes to HIPE Variables 2006

Effective from 1st January 2006, HIPE will collect the following information:

1. Coding of same day discharges from Medical Assessment Units (MAU)
2. Coding of radiotherapy day discharges
3. Coding of dialysis day discharges

The changes will only affect hospitals providing any of the above services. A “frequently asked questions” document will be available from the HIPE Unit regarding the collection of this additional information. This document will also be available on the HIPE & NPRS page of the ESRI’s website at [www.esri.ie](http://www.esri.ie). Please also refer to the 2006 HIPE Instruction Manual regarding the collection of this additional information.

## 1. Same day discharges from Medical Assessment Units

From 1<sup>st</sup> January 2006 patients admitted to and discharged from a MAU on the same day will be collected. This information will be collected using the “Mode of urgent admission” field in W-HIPE. The relevant mode of urgent admission code for these cases is “5 - MAU Day only”. This code is assigned if the patient is admitted to the MAU and discharged from there on the same day” (Source; *HIPE Instruction Manual 2006*).

HIPE continues to collect patients admitted as inpatients through the MAU as before. The mode of urgent admission code for these cases remains as “2 - MAU Admitted as Inpatient”. This code is assigned if the patient is admitted to the hospital through the MAU” (Source; *HIPE Instruction Manual 2006*).

MAUs must be registered with the Department of Health and Children. To activate the relevant fields in W-HIPE for a registered MAU contact the IT Department in the HIPE Unit. The “frequently asked questions” document will provide additional information on this topic.

## 2. Radiotherapy day discharges

From 1<sup>st</sup> January 2006 HIPE will collect patients admitted for same day radiotherapy treatments in hospitals where this service is provided. Due to the volume of episodes per patient for this type of treatment a W-HIPE batch coding programme has been developed. If your hospital provides this service currently or commences provision of radiotherapy treatment in the future please contact the HIPE Unit for further information. The “frequently asked questions” document will provide additional information on this topic.

## 3. Dialysis day discharges

From 1<sup>st</sup> January 2006 the HIPE system will collect patients admitted for dialysis in dedicated dialysis units. These episodes were previously excluded from HIPE. In order to provide national data regarding the volume of patients receiving dialysis the Department of Health & Children have requested that this activity now be collected by HIPE.

# H.I.P.E.

Hospital In-Patient Enquiry

## 2006

### INSTRUCTION MANUAL

HIPE & NPRS Unit, ESRI

01.01.06

## Coding of dialysis day discharges

### **ACS I 404 Admission for Renal Dialysis**

#### **Same-day and overnight episodes of care**

Where the patient is discharged on the same date as the admission or on the next day after admission, code as principal diagnosis, either Z49.1 *Extracorporeal dialysis* for extracorporeal dialysis or Z49.2 *Other dialysis for peritoneal dialysis*.

#### **Multi-day episodes of care**

Where a renal dialysis episode of care is multi-day and the intent for admission was **not** same-day, code as principal diagnosis the condition necessitating the admission. In these circumstances, renal dialysis will be indicated by the procedure code. Therefore, the codes Z49.1 *Extracorporeal dialysis* and Z49.2 *Other dialysis* are not required.

Where a renal dialysis episode of care is multi-day, but the intent for admission **was** same-day, code as principal diagnosis the condition responsible for extending the patient's length of stay and Z49.1 or Z49.2 as an additional diagnosis.

ACS I 404 *Admission for renal dialysis* must be applied when coding renal dialysis episodes. This will ensure that all patients admitted for dialysis, where the intent is a same day admission, can be identified by the principal diagnosis code of Z49.1 *Extracorporeal dialysis* for extracorporeal dialysis or Z49.2 *Other dialysis* for peritoneal dialysis. The term “extracorporeal dialysis” used in ACS I 404 refers to haemodialysis as this type of dialysis takes place “outside” the body while peritoneal dialysis takes place within the body.

#### **Mandatory codes for dialysis day discharges are as follows:**

##### **Haemodialysis**

Principal Diagnosis: Z49.1 *Extracorporeal dialysis*

Principal Procedure: From block [1060] *Haemodialysis*

##### **Peritoneal Dialysis**

Principal Diagnosis: Z49.2 *Other dialysis (peritoneal)*

Principal Procedure: From block [1061] *Peritoneal dialysis*

Additional codes may be assigned to collect the underlying renal disease. Any additional conditions or complications are collected at the hospitals discretion as HIPE intends to identify the number of dialysis episodes and the type of dialysis given. Due to the volume of dialysis episodes per patient a batch coding program has been developed to facilitate the collection of these cases. The “frequently asked questions” document will provide additional information on this topic.

### **HIPE Audit Software and Seminars**

It is proposed to distribute HIPE Audit Software and conduct HIPE Audit Seminars in 2006. The Audit Software is intended to assist hospitals in undertaking local audit. The Audit Seminars will provide education on Audit Software and conducting audits at a local level.





# NPRS Christmas Babies

For many of us Christmas celebrates an important birth over 2000 years ago. The National Perinatal Reporting System (NPRS) collects data on all births occurring nationally and provides a source of information for research into obstetric and neonatal care.

## Special Christmas birth statistics:

Average number of births on Christmas Day - 59 boys and 58 girls

Average number of births on any given day - 157



## Did you know that?

- 22% of all births are delivered by Caesarean Section
- 39% of babies are breastfed
- Of all babies born in Ireland, 30% are to single mothers whose average age is now 25 years
- The average interval since last birth has remained stable for the last decade at just over 3.5 years.
- All NPRS records from the 1st January 2005 are now coded using the ICD-10 coding classification.



# Research using HIPE Data

Research forms a fundamental part of the work of the HIPE & NPRS Unit. In particular, research projects/reviews/reports using HIPE data are undertaken for health agencies and government departments at the national level and for a wide range of international organisations. The following are references for selected journal articles and publications using HIPE data. Some of these articles can be accessed through links on the ESRI website at [www.esri.ie](http://www.esri.ie).

- **Oral and Maxillofacial Surgery Services**, Comhairle na nOspidéal, June 2005
- **Plastic Surgery Services**, Comhairle na nOspidéal, June 2005
- **Epidemiology of Hepatitis B Infection in Ireland**, A Brennan and L Thornton, NDSC, EPI-INSIGHT, Volume 4, Issue 5, August 2003
- **Hospitalisations from Cryptosporidiosis in Ireland, 1999-2002**, P Garvey and P McKeown, NDSC, EPI-INSIGHT, Volume 5, Issue 6, June 2004
- **Trends in Ophthalmic Surgery in Ireland**, VW Long and CJ O'Brien, Irish Journal of Medical Science, Volume 174, Number 2, June 2005
- **Using HIPE Data as a Research and Planning Tool: Limitations and Opportunities: A Response**, MM Wiley, Irish Journal of Medical Science, Volume 174, Number 2, June 2005
- **Do Consultants Differ? Inferences drawn from hospital in-patient enquiry (HIPE) discharge coding at and Irish reaching hospital**, ED Moloney, D Smith, K Bennett, D O'Riordan and B Silke, Postgraduate Medical Journal 2005;81:327-332
- **Patient and Disease Profile of Emergency Medical Readmissions to an Irish Teaching Hospital**, ED Moloney, K Bennet and B Silke, Postgraduate Medical Journal 2004;80:470-474
- **Kawasaki Syndrome Hospitalizations in Ireland, 1996 through 2000**, M Lynch MD, RC Holman, A Mulligan MA, ED Belay MD and LB Schonberger MD MPH, The Paediatric Infectious Disease Journal, Volume 22, Number 11, November 2003
- Latest HIPE Report:  
**Activity in Acute Public Hospitals in Ireland 1990 - 1999**

## Christmas Arrangements in the ESRI

The HIPE & NPRS Unit in the ESRI will close at 12:30pm on Friday 23rd December 2005 and will re-open at 9:30am on Tuesday 3rd January 2006.

**Best wishes for the festive season to everyone!**



## MRSA

The abbreviation M.R.S.A. has two different meanings and therefore two different code assignments. Please check locally to see which definition is in use at your hospital.

**Methicillin Resistant *Staphylococcus aureus* (Z06.32)**

**OR**

**Multi-Resistant *Staphylococcus aureus* (Z06.8)**



Fig.1 Methicillin resistant *Staphylococcus aureus*

## ACS 0112 Infection with drug resistant micro-organism

It is important to make the distinction between 'infection' caused by an organism and 'colonisation' with an organism. A patient may be colonised with an organism, but have no signs or symptoms of infection caused by that organism. Thus, microbiology reports may indicate the presence of MRSA, VRE or any other organism, but the patient may not have an infection caused by that organism.

### MRSA Infection

If MRSA is clearly documented to be causing an infection, assign the following:

- A code for the infection
- B95.6 *Staphylococcus aureus* as the cause of diseases classified to other chapters
- Z06.- Bacterial agents resistant to antibiotics

#### Example 1:

A patient is admitted with an infected leg abscess. Swabs taken revealed the abscess to be caused by methicillin resistant staphylococcus aureus.

#### Codes:

L02.4 Cutaneous abscess, furuncle and carbuncle of other sites  
B95.6 *Staphylococcus aureus* as the cause of diseases classified to other chapters  
Z06.32 Methicillin resistant agent

### MRSA Colonisation

An Irish coding guideline has been developed to supplement ACS 0112. This will facilitate coding the presence of drug resistant organisms without mention of infection e.g. MRSA found on nasal swab requiring the patient to be put in an isolation ward.

If there is no infection documented as per ACS 0112, the following codes may be assigned:

Z22.3 Carrier of other specified bacterial diseases  
Z06.- Bacterial agents resistant to antibiotics

**These codes are not routinely assigned and are only assigned if the criteria in ACS 0002 Additional diagnoses is met. A sticker on the front of the chart does not automatically warrant the assignment of these codes.**

#### Example 2:

A patient is admitted with inferior myocardial infarction. Routine swab is positive for methicillin resistant *Staphylococcus aureus*, which leads to increased barrier nursing care.

#### Codes:

I21.1 Acute transmural infarction of inferior wall  
Z22.3 Carrier of other specified bacterial diseases  
Z06.32 Methicillin resistant agent





# Cracking the Code

A selection of ICD-10-AM related queries.

## Lewy body dementia

See Index entry (Volume 2):

### Dementia

- in (due to)
- - Lewy body disease

The correct codes to assign are:

G31.3 † *Lewy body disease*

F02.8 \* *Dementia in other specified diseases classified elsewhere*

## Social induction of labour

*What is the correct diagnosis code to assign for a social induction of labour?*

As per ACS I513 *Induction*, if no reason for induction is documented, or the reason is stated as 'social' or 'elective', and a normal vaginal delivery follows an induction, assign O80 *Single spontaneous delivery* as the principal diagnosis.

## Dagger and asterisk convention

*When is it appropriate to assign asterisk (manifestation) codes such as D63.8\* Anaemia in chronic diseases classified elsewhere, and J91\* Pleural effusion in conditions classified elsewhere?*

Allocation of dagger and asterisk codes is driven by the Index alone. Therefore, it is only appropriate to assign asterisk codes when guided to by the classification.

## Chemotherapy extension code for non-neoplasm

*If a patient is administered chemotherapy for a condition other than a neoplasm e.g. multiple sclerosis, what is the correct pharmacotherapy extension code to assign?*

Pharmacotherapy extension -09 is assigned in these cases, as the treatment is not for a neoplasm or neoplasm related condition.

## Nebuliser therapy

*Is nebuliser therapy coded?*

Nebuliser therapy is a form of drug administration and is not coded as per ACS 0042 *Procedures not normally coded*, unless it is the principal treatment in a same day episode of care.



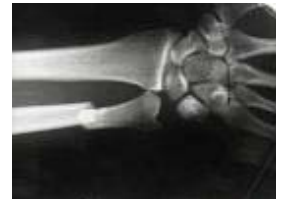
## Multiple organ failure

*What code do I use for multiple organ failure?*

There is no combined code for multiple organ failure. Seek further clarification from the clinician as to what organs were involved and code these out separately to Failure, by site.

## ORIF fracture

*If a patient has an ORIF (open reduction, internal fixation) of a fracture, should a diagnosis code for an 'open' fracture be assigned?*



No. ORIF can be performed on open or closed fractures. Open fractures are only coded if appropriately documented.

## Newly diagnosed diabetes

Assign E1-.9 *Diabetes mellitus without complication* for newly diagnosed diabetes unless the patient has documented diabetic complications. As per ACS 0401 *Diabetes*, E1-.65 *Diabetes mellitus with poor control* is only assigned when there is documentation of 'unstable', 'for stabilisation', 'uncontrolled', 'poorly controlled' or 'poor control'.

## Z09 Follow-up examination after treatment for conditions other than malignant neoplasm

*Are codes from Z09 Follow-up examination after treatment for conditions other than malignant neoplasm used in the same way as an additional diagnosis as Z08 Follow-up examination after treatment for malignant neoplasms as per ACS 2113 Follow-up examinations for specific disorders?*

Yes. If a patient is admitted for follow-up and the condition has recurred or a residual condition is present, code the condition as the principal diagnosis. A code from Z09 is assigned as an additional diagnosis. This edit will be updated in the next version of W-HIPE.

## Senile cataract

*If an elderly patient has a cataract can the code for senile cataract (H25) be assigned?*

As per ACS 0701 *Cataract*, unless the cataract is specified as senile, assign H26.9 *Cataract, unspecified*.

### Newborns admitted for observation

*For babies admitted to SCBU for observation, what code should be assigned as PDx?*

As per ACS I611, a code from Z03.7- is assigned as PDx for babies admitted to SCBU for suspected conditions not found. This code is only assigned if no other specific condition can be coded. Currently in Ireland, codes from Z38 are not to be used as the principal diagnosis, but can be assigned as additional diagnoses to newborns/neonates who are unwell during the birth episode.

### Uterine fibroid embolisation

See Index entry (volume 4):

#### Embolisation

- artery
- - via surgical peripheral catheterisation

Assign 35321-00 [767] *Transcatheter embolisation of blood vessel.*

### Weight on admission

*We are coding an 8 month baby who was 10,500 grams and W-HIPE won't let us enter the admission weight?*

Weight on admission is only recorded for all babies under 28 days and babies up to 1 yr old who are less than 2,500 grams. Please note that there are 1,000 grams in one kilogram and 453 grams in one pound.

### Postpartum condition / complication

*When is it appropriate to assign Z39.0- Postpartum care and examination after delivery?*

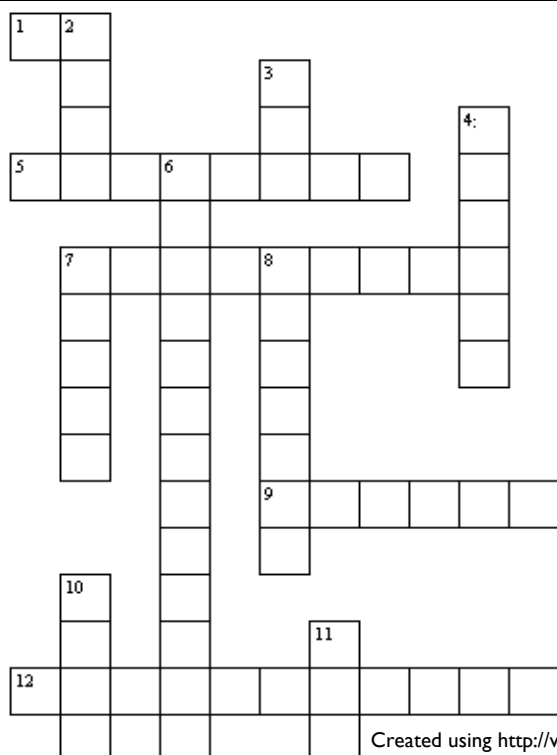
As per ACS I548, Z39.0- must be assigned as an additional diagnosis in cases where a patient is treated for a puerperal condition or complication and has delivered during a previous episode of care.

**Do you have a coding query?** Please contact the HIPE Unit or email:

**[hipecodingquery@esri.ie](mailto:hipecodingquery@esri.ie)**

Remember to provide as much information as possible. Use the Coding Help Sheet as a guide to the amount of detail required.

## Christmas Crossword Competition



#### Across

1. 'All the Bugs' diagnosis codes found in Chapter I start with the letters (1,1)
5. Meaning new growth (8)
7. Roasted on an open fire (9)
9. Songs of the season (6)
12. Title of ACS I120 (15)

#### Down

2. Colour of Tabular List of Procedures in ICD-10-AM (4)
3. Abbreviation for stroke (3)
4. Well known snowman (6)
6. Z33 (8,5)
7. ACS 0042 Procedures not normally \_\_\_\_\_ (5)
8. \_\_\_\_\_ use is always coded when documented (7)
10. Found on the top of the tree (4)
11. Colour of the Tabular List of Diseases in ICD-10-AM (3)

**Please photocopy your entry and send to: Coding Notes Competition, HIPE & NPRS Unit, ESRI, 4 Burlington Rd, Dublin 4**

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

**Hospital:** \_\_\_\_\_

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



# Training 2005 & Upcoming Workshops

With the implementation of ICD-10-AM, 2005 was a busy training year with **692** attendances at HIPE courses.

**4 Update Courses** were held in January facilitated by Linda Best and Megan Cumerlato from the NCCH in Sydney, Australia. These courses were held in Dublin, Galway and Cork and attended by **188** participants.

**11 Post Implementation Courses** were held in the spring. These courses were held in Dublin, Cork, Galway, Limerick, Tullamore, Waterford, Sligo and Louth and attended by **157** participants.

**3 Basic Coding Courses** were held at the ESRI and attended by **57** participants.

**1 Intermediate Course** was held at the ESRI and attended by **21** participants.

**8 Specialty Workshops** were held at the ESRI and attended by **263** participants. Topics included Orthopaedics, Cardiology, Paediatrics, Ophthalmology, Diabetes, Neoplasms and Obstetrics.

**2 Multiple Specialty workshops** were held at UCHG and attended by **33** participants. Topics included Diabetes, Cardiology, Paediatrics, Neoplasms, Poisoning & Adverse Effects of Drugs, and questions and answers session.

Thank you for participating in the above courses and we look forward to seeing you in 2006.



ICD-10-AM Implementation Workshop in Cork, January 2005

**Basic ICD-10-AM Coding Courses** will be held at the ESRI on:

Tuesday 10th January - Friday 13th January, 2006

Tuesday 25th April - Friday 28th April, 2006

These four day courses are intended for HIPE staff who work in the HIPE Department and who will code discharges using ICD-10-AM. If you have any coders that require basic training, please contact the HIPE & NPRS Unit.

An **Intermediate ICD-10-AM Coding Course** will be held at the ESRI on:

Tuesday 21st February - Thursday 23rd February, 2006

Candidates will be contacted with details of this three day course.

**Refresher Courses in Spring 2006** will be conducted by the ESRI. These two day courses will be a great opportunity for experienced coders to refresh coding skills, check up on guidelines and cut down on queries returned from the ESRI to the hospital.

Further details on dates and locations of refresher courses will be advertised closer to the time. If you would like to organise a refresher course in your area please contact us.

**Casemix Education Day 1st March 2006** The Casemix Education Day is being hosted by the ESRI in association with the Department of Health & Children. Please contact the HIPE & NPRS Unit for an application form.

## Keep in touch:

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

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