

Coding Notes

HIPE & NPRS Unit
Health Research &
Information Division



Number 63
December 2013

A new year and a new name



2013 has been a year of changes throughout the health system. We all know that the Money Follows The Patient (MFTP) Policy is now well and truly advancing

at a pace. In February 2013 when the policy document was published by The Department of Health on MFTP we at the ESRI had the first hint that our work within the Health Research and Information Division (HRID) at the ESRI would be moving to become part of a new office, along with our colleagues in the National Casemix Programme supporting this policy. We know now that the new office will be called the Healthcare Pricing Office (HPO) and as of 1st January 2014 the HRID at the ESRI will no longer exist. We will be part of the HPO, although we won't physically move office until later in the year. It is a great opportunity for us to be involved in this new office and we will continue to offer all our current supports and services both in the transitional time from 01.01.2014 and when we are fully established in the HPO. You will notice our email addresses will change and the material currently on the HRID pages of the ESRI website will be migrated to the new domain www.hpo.ie.

HIPE system. This will involve assessments and a final examination and will result in Irish Clinical Coders being able to achieve a professional level 6 certification (See National Framework of Qualifications—www.NFQ.ie for further information on levels). Further information will follow on this exciting development for all of us in coding in Ireland. We would like to thank our colleagues in the School of Computing at DIT for their help and support in achieving this long sought after goal.

This edition of Coding Notes as always has information on coding queries recently received. Page 8, as usual, has the schedule of upcoming training. There is also information on the new documentation for 2014 and on the latest 2012 HIPE and 2012 NPRS annual reports. Once again there is information on the HADx with a figure illustrating the increase in the use of this flag as time goes on.

We would like to thank everyone for their tremendous efforts in meeting the new deadlines and for everyone's continued co-operation and support during another challenging year. 2014 is going to be another challenging year for us all but with a new office and finally the availability of a coding certification the future is bright. We look forward to working with you in the coming year and may you all have a very Happy Christmas and a very Peaceful New Year.



During 2013 we have continued to provide data quality and coding query support along with plenty of training to coders, data users and others involved in HIPE. We've provided many different courses at all levels of clinical coding, data use, data quality and data reporting. We will continue to provide this training in 2014 and beyond. Coding will continue—those deadlines still have to be met!

In other exciting news we are delighted to be able to announce that we have signed an agreement with the Dublin Institute of Technology (DIT) that we are an accredited training body and will be able to provide a certified training programme for coders working within the

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Hospital Acquired Diagnosis

ICS 0048 Hospital Acquired Diagnosis (HADx) Indicator

The July edition of Coding Notes focussed primarily on the collection of the Hospital Acquired Diagnosis (HADx) indicator. Data reviews show that the reporting of HADx has increased dramatically since then which is a positive development for data quality initiatives (Figure 1 below). At the recent Data Quality session, the importance of this indicator was further emphasised in terms of:

- HIPE Data are being used increasingly by more users.
- Quality & Patient Safety Directorate, HSE - KPIs
- Use of HADx being monitored
- Obstetrics by its nature will be high
- Implemented 2011 – full year of data 2012
- Ensure collected
- Ensure complications coded correctly
- Audits show this information is being collected

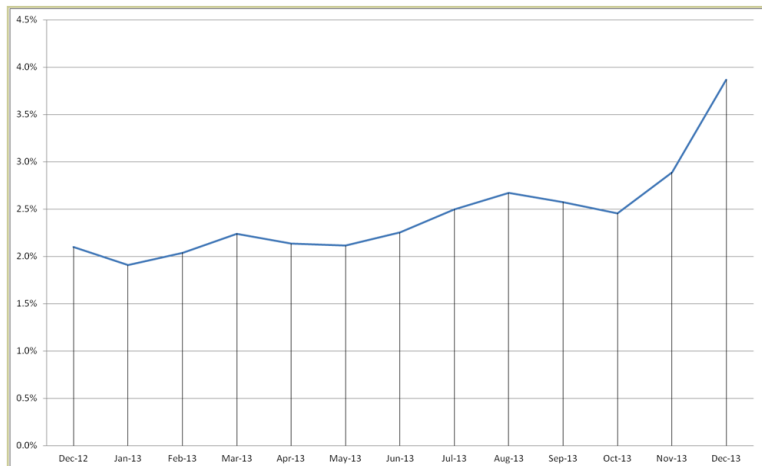


Figure 1. Percentage of HIPE discharges featuring any HADx flag since the December 2012.

Question on HADx: Is a postoperative complication always flagged as HADx if the reason for readmission is because of a postoperative complication?

The PDx is never flagged as HADx. External cause codes in relation to the PDx are not flagged as HADx.

If a postoperative complication occurs during the current episode of care, the codes relating to the postoperative complication and any relevant external cause codes will be assigned as additional diagnoses codes (once they meet the criteria for collection of additional diagnoses) and are flagged as HADx.

If the patient is readmitted to hospital with a postoperative complication, the complication or the relevant external cause codes will not be flagged as HADx.

If a patient is transferred from another hospital due to a postoperative complication or because of another condition that arose while they were in the transferring hospital, these conditions and or relevant external cause codes will not be flagged as HADx. If the condition is present on admission to the hospital on this current episode it will not be flagged as HADx.

Examples of conditions that can be flagged if they occur during this episode are postoperative haemorrhages, postoperative wound infections and other postoperative complications, injuries including falls during the episode of care – not an exhaustive list by any means. Chronic conditions that meet criteria for collection as additional diagnoses codes during the episode are not flagged as HADx. Examples of additional diagnoses codes that would not be flagged include asthma attacks in an asthmatic, seizures in a patient with epilepsy, unstable diabetes.

2014 HIPE Documentation

From 1.1.2014 the Health Research and Information Division at the ESRI will become part of the Healthcare Pricing Office (HPO) - see article Page 1 of this edition of Coding Notes. Our emails will be changing to reflect this. Relevant information and documentation currently on the ESRI website will soon be available on www.hpo.ie. We will remain at Whitaker Square during a transitional period and we will inform you of any other changes to contact details as they arise.

All 2014 documentation will be available on the Health Information page at www.hpo.ie including:

- Updated HIPE Summary Sheet (for 2014 discharges)
- Data Dictionary V6.0
- The new HIPE Instruction Manual 2014 will be available on the website from January 2014.
- ICS V6 will be available on the website from January 2014

Please download and print copies for reference.

Irish Coding Standards version 6.0 provides guidelines for the collection of HIPE data for all discharges from January 1st 2014 using the HIPE Portal software and is to be used in conjunction with 6th Edition ICD-10-AM/ACHI/ACS and the relevant HIPE Instruction Manual.

ICS version 6.0 contains two new standards

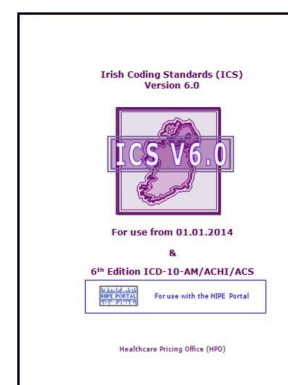
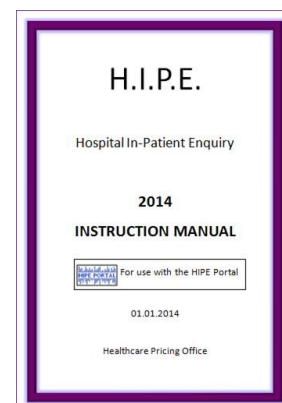
ICS 010x VEROTOXIGENIC E-COLI (VTEC) & Haemolytic Uraemic Syndrome (HUS)

This standard provides advice on the coding of VTEC.

ICS 1204 PLASTIC SURGERY

This standard updates the advice on sequencing of diagnosis codes for prophylactic mastectomy surgery.

All previous Instruction Manuals are also available on www.hpo.ie



Upcoming HIPE Portal Reporter Training

Reporter training is now delivered via WebEx on three consecutive mornings and covers all aspects of working on the HIPE Portal. This course is open to all working within the system who are using HIPE data through the HIPE Portal or through the HOP. Please complete the online training form at: www.hipe.ie/training

Course	Date	Time
HIPE Portal Reporter Training [Part I]	Tuesday 11/02/2014	10:30am – 12:30pm
HIPE Portal Reporter Training [Part II]	Wednesday 12/02/2014	10:30 am – 12:00pm
Using Scripts & Extracts in the HIPE Portal Reporter [Part III]	Thursday 13/02/2014	10:30 am – 12:00pm

Perinatal Statistics

NPRS—2012 Report

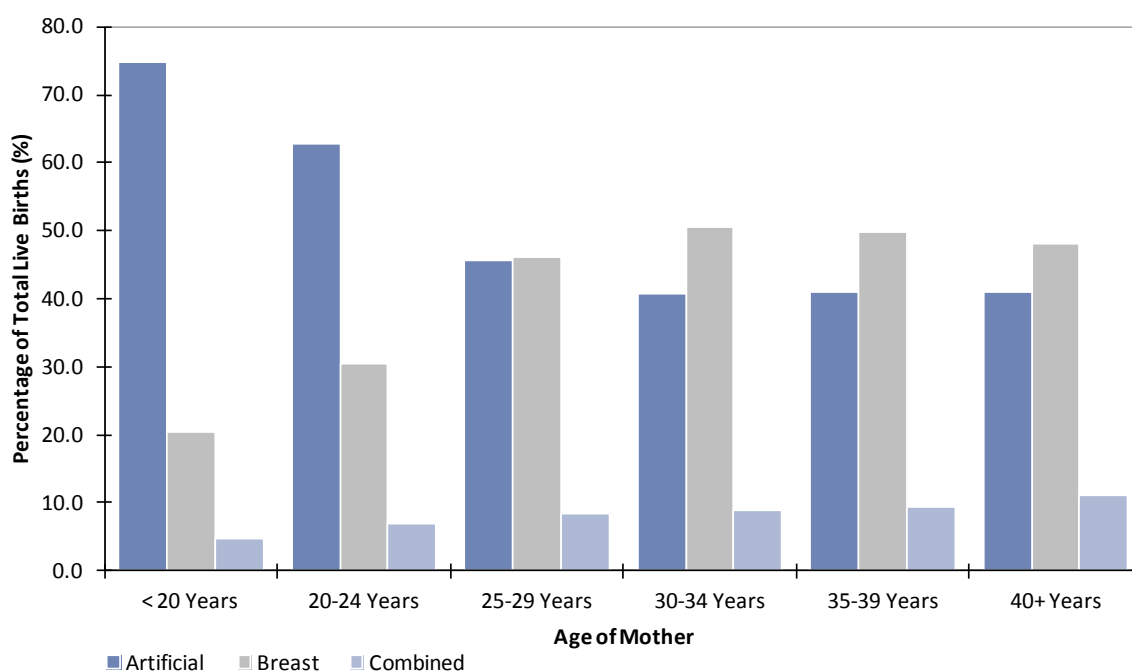


For all babies born in Ireland in 2012, this report presents information reported to the National Perinatal Reporting System (NPRS) on pregnancy outcomes, together with descriptive social and biological characteristics of all mothers giving birth.

71,986 births were reported to NPRS in 2012, representing a 3.2 per cent decrease between 2011 and 2012

At 15.6 per 1,000 population, Ireland reported the highest birth rate of any of the 27 EU countries. The average birth rate for the 27 EU countries is 10.4 per 1,000 population.

- The perinatal mortality rate was 5.9 per 1,000 live births and stillbirths (5.6 per 1,000 singleton births and 15.0 per 1,000 multiple births). This rate has fallen by 31% since 2003, when it was 8.6 per 1,000 live births and stillbirths
- 6% of total births were preterm (less than 37 weeks gestation)
- 5% of live births were low birthweight (less than 2,500 grams)
- 3% of live births were high birthweight (4,500 grams or more)
- 47% of babies were exclusively breastfed, compared to 44% in 2008 and 41% in 2003



- 29% of total live births were delivered by caesarean section, with 28% of singleton and 65% of multiple live births delivered by this method. In 2003, 24% of total live births were delivered by caesarean section
- The average age of mothers has increased from 30.6 years in 2003 to 31.9 years in 2012
- 30% of mothers were aged 35 years or older, up from 23% in 2003
- 18% of first births were to women aged 35 years or older compared to 12% in 2003.
- 2% of total mothers giving birth were aged under 20 years, compared to 5% in 2003
- 39% gave birth for the first time, with an average age for first time mothers of 30.0 years
- 2% had a multiple pregnancy
- 24% of births in 2012 were to mothers born outside Ireland.

Perinatal Statistics report, 2012 Annual Report is available at www.hpo.ie

Activity in Acute Public Hospitals in Ireland

2012 Report

This report presents information on coded discharges from 57 Irish acute public hospitals participating in HIPE in 2012. This report is made possible by all the hard work done by HIPE staff throughout the hospitals. At the national level, HIPE data can inform policy decisions and developments in areas such as hospital budgeting, service planning, workload measurement etc. Information on the number of day patient and in-patient discharges, together with their demographic characteristics and geographical distribution are presented. The number and type of diagnoses and procedures reported for discharges, together with the case mix treated, are also profiled. The demographic and morbidity analyses for *Maternity* discharges are presented separately to enable a more comprehensive overview of trends in this area.

MAIN FINDINGS OF THE 2012 REPORT

Total Discharges

- Over 1.54 million discharges were reported by the participating hospitals compared to 1.47 million discharges in 2011 – an increase of 4.8%. The average annual increase in discharges between 2008 and 2012 was 3%.
- Day patients accounted for 59.4% of total discharges in 2012, an increase of 4.2% since 2011. This compares with 56.3% of total discharges in 2008; the average annual increase over the period 2008-2012 was 4.4%. At 33.2%, almost one-third of total discharges were aged 65 years and older, an increase of 6.4% between 2011. This age group used the largest proportion of total bed days (47.3%), which was an increase of 1.9% on the 2011 figure.

Length of stay

- Nationally, acute in-patient average length of stay was 4.1 days in 2012, a decrease of 4.7% since 2011 and an average annual decrease of 2.8% since 2008.

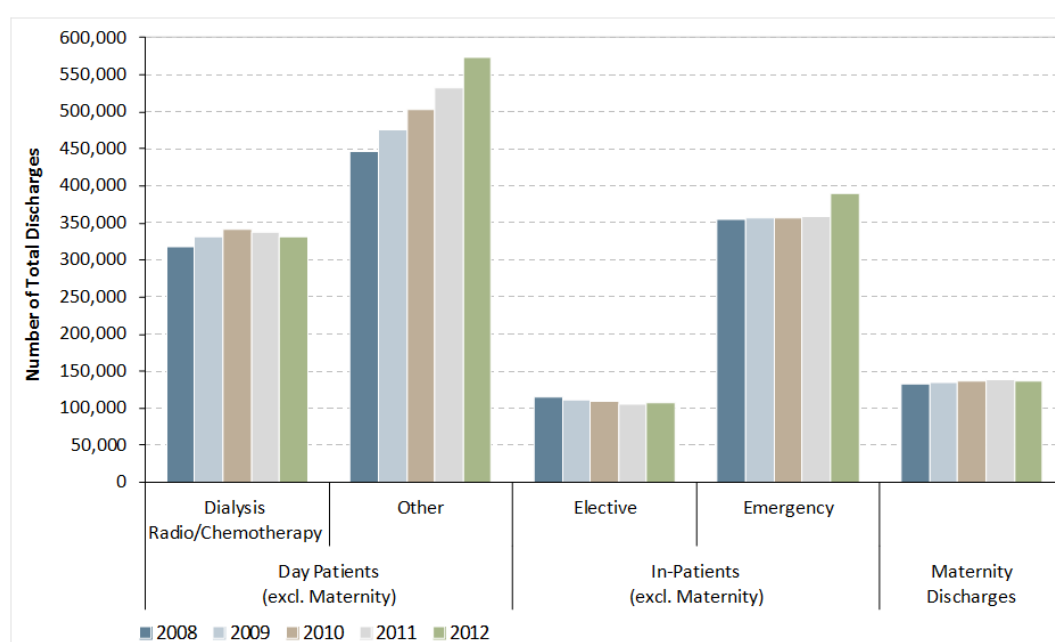
Voluntary hospitals recorded an acute in-patient average length of stay of 5.2 days for public discharges and 5.6 days for private discharges. For regional hospitals the acute in-patient average length of stay was 4.0 days for public discharges and 4.1 days for private discharges.

Mean Number of Diagnoses Reported

The mean number of diagnoses recorded for total discharges (excl. *Maternity*) was 2.6.

The mean number of diagnoses recorded for in-patient discharges was 3.7 compared to 2.0 for day patients

Figure 1 provides details of the admission type for total discharges as reported to HIPE for 2008-2012



Activity in Acute Public Hospitals in Ireland, 2012 Annual Report is available at www.hpo.ie.



Cracking the Code

A selection of ICD-10-AM Queries

Q: A patient was admitted with a Urinary Tract Infection secondary to an indwelling urinary catheter, how is this coded?

A: For UTI secondary to an indwelling urinary catheter assign T83.5 *Infection and inflammatory reaction due to prosthetic device, implant and graft in urinary system* - Look up: Complication, Catheter, Urinary, Infection N39.0 *Urinary tract infection, site not specified*. And code organism e.g. E Coli if known Y84.6 *Urinary catheterisation* (external cause code), Look Up external cause codes, Complication, catheterisation, urinary Y92.22 *Health service area* (if catheter was placed in a health service area)
If the patient was admitted with this condition the HADx will not be assigned.

Q: How do we code a case where a patient pulled out a femoral line leading to severe bleeding?

A: For this case please assign the following codes

T82.5 *Mechanical complication of other cardiac and vascular devices and implants*
S75.9 *Injury of unspecified blood vessel at hip and thigh level*
Y84.8 *Other medical procedures*
X58 *Exposure to other specified factors (to identify that it was an accident)*
Y92.22 *Health service area*

Please also remember to assign HADx if this occurred during the admission.

Q: If "term + 10" is written in the chart can a code for post term delivery be assigned?

A: Please follow guidelines from ACS 1527 *Post term delivery* below.

A delivery is regarded as 'post-term' at or after 42 weeks gestation. Assign code O48 Prolonged pregnancy.

- This condition should be coded when documented by an obstetrician/clinician/midwife.

- If the criteria for the specific obstetric diagnosis is met but the relevant diagnosis is not documented, consult the clinician before assigning a code.

Q: A pregnant patient was admitted from A&E to the Medical ward with chest pain. The pain was not related to the pregnancy and no obstetric care or observation was given. What type of admission is assigned. Is an ICD-10-AM obstetric code assigned?

A: The type of admission is 4 *Emergency* and mode of admission 1 *A&E* is assigned. An obstetric code from chapter 15 is not assigned. Z33 *Pregnant state incidental* is assigned as an additional diagnosis code.

Q: We would like clarification on the coding of the following case – Patient admitted for aftercare from other hospital after surgery and had a chest infection with an incidental finding of partial collapse of lung and pleural effusion.

A: Please assign Z48.8 *Other specified surgical follow-up*, J22 *Unspecified acute lower respiratory infection*, J90 *Pleural effusion*, not elsewhere classified & J98.1 *Pulmonary Collapse*.

Q: When a patient has to go to another hospital for a test/procedure as a daycase and returns on the same day – do we code two episodes?

A: This will be coded as one episode – the patient is not fully discharged – they are going for a specific procedure/test and are expected back into the hospital on the same day. The two cases are merged into one HIPE episode. If possible ask that these are changed on the PAS and if this is not possible they will need to be changed on the HIPE Portal.

If you need any further clarification please do not hesitate to contact us.

Q: In ACS 1122 it outlines that the helicobacter pylori should not be coded in cases where there is no evidence of chronic gastritis / ulcers etc. If a Patient has a positive Clo test with a normal OGD but is commenced on triple therapy and has a further out patient appointment for review does the standard still apply that H Pylori is not coded?

A: Please follow the guidelines in ACS 1122 *Helicobacter/campylobacter* and only code H Pylori when the conditions listed are present. If the Clo test is positive and there are no other conditions present on the OGD the Clo will not be coded which is in accordance with the guideline. ACS 1122 is specialty standard and overrules the advice in general standards e.g. ACS 0002 *Additional diagnoses*. If you want to collect this information locally it could be included in the field for the explanation notes in the HIPE Portal. This guideline has not changed in 7th or 8th edition of the classification.

If there are any changes to this guideline in the future we will let you know.

Q: How do I sequence the following codes for a case where a diabetic patient is coming in to have a Senile Nuclear cataract removed who also has kidney problems.

Please assign the following codes:

E11.39 *Type 2 Diabetes Mellitus with other specified ophthalmic complication*
H25.1 *Senile nuclear cataract*
E11.71 *Type 2 diabetes mellitus with multiple microvascular and other specified nonvascular complications* plus N code for the kidney problems.

Cracking the Code

A selection of ICD-10-AM Queries



Q: If a patient is admitted with hyperglycaemia and is a Type 2 diabetic, what code should I give? Is E11.9 *Type 2 diabetes mellitus without complication* correct?

A: We agree with your code assignment of E11.9 *Type 2 diabetes mellitus without complication* for a Type 2 diabetic admitted with hyperglycaemia

Index look up:
Hyperglycaemia,
-diabetes, see diabetes with.

Q: How do I code a hyperplastic rectal polyp. Should we be using code K62.1 *Rectal polyp* as opposed to K63.58 *Other polyp of colon*? We have come across a few of them lately and just want to be sure we are coding them correctly.

A: We have looked into this and advise assigning K62.1 *Rectal polyp* as the site is more specific to the rectum. Also following the alphabetic index this is the code that the classification instructs us to assign for polyp of rectum (non adenomatous). You can enter the term hyperplasia as additional information also.

Q: Patient admitted as day case for Zometa. The Patient has primary neoplasm of breast and secondaries in bones. How is this coded?

A: The codes to assign are

Z51.1 *Pharmacotherapy session for neoplasm*
C79.5 *Secondary malignant neoplasm of bone and bone marrow*
C50.9 *Primary carcinoma, Breast, unspecified*
96199-00 [1920] *Intravenous administration of pharmacological agent, antineoplastic agent*

Any drug given to treat a neoplasm or neoplasm related condition will be coded to the extension -00 *Antineoplastic agent* in procedure block [1920] *Pharmacotherapy*

Do you have a coding query? Please email your query to:
hipecodingquery@hpo.ie

To answer your query we need as much information as possible.

Date of Exports—2014

HIPE Exports must always include the uncoded and coded data in the monthly export file. To facilitate this, all hospitals need to create exports after the end of the month and after they have downloaded all their previous months' cases. We appreciate hospitals' cooperation with this schedule. The downloads and exports must be completed on or before the 3rd working day of the following month. The following table shows the indicative dates for exports.

HIPE Export Month	Download all cases	Final Date of Receipt of Export by ESRI
End of December 2013	To 31st December	(Mon) 06/01/2014
End of January 2014	To 31st January	(Wed) 05/02/2014
End of February 2014	To 28th February	(Wed) 05/03/2014
End of March 2014	To 31st March	(Thur) 03/04/2014
End of April 2014	To 30th April	(Tue) 06/05/2014
End of May 2014	To 31st May	(Thur) 05/06/2014
End of June 2014	To 30th June	(Thur) 03/07/2014
End of July 2014	To 31st July	(Wed) 06/08/2014
End of August 2014	To 31st August	(Wed) 03/09/2014
End of September 2014	To 30th September	(Fri) 03/10/2014
End of October 2014	To 31st October	(Wed) 05/11/2014
End of November 2014	To 30th November	(Wed) 03/12/2014
End of December 2014	To 31st December	(Tue) 06/01/2015



Upcoming Courses



Introduction to HIPE

WebEx and ESRI Building



This is a general introduction to the variables collected by HIPE for new coders and others working in the HIPE system.

Date: Tuesday 21st January

Time: 10.30am – 1pm



Introduction to Anatomy & Physiology

WebEx and ESRI Building



This course will be delivered by a specialist speaker

Date: Thursday 23rd January

Time: 11.00am – 1.00pm



Coding Skills I

ESRI Building Only

This course is for new coders who have attended the Introduction to HIPE course.

Date: Tuesday 28th and Wednesday 29th January

Time: 10.00am—5.00pm each day.



Coding Skills II

ESRI Building Only

This course is for those who have previously attended Coding Skills I.

Date: Tuesday 18th—Thursday 20th February

Time: 10.00am – 5.00pm each day.



Coding Skills III

ESRI Building Only

This course is for those who have previously attended Coding Skills II.

Date: Tuesday 25th—Thursday 27th March

Time: 10.00am – 5.00pm each day.



Anatomy & Physiology

WebEx and ESRI building



These courses are open to all HIPE coders.

Anatomy & Physiology of the Musculoskeletal System

This course will be delivered by a specialist speaker

Date: Tuesday 4th March

Time: 11.00am – 1.00pm

Anatomy & Physiology of the Skin and Subcutaneous tissue

This course will be delivered by a specialist speaker

Date: Tuesday 4th March

Time: 2.00pm - 4.00pm

Anatomy & Physiology of the Digestive System

This course will be delivered by a specialist speaker

Date: Wednesday 5th March

Time: 11.00am—1.00pm



Coding Skills IV

WebEx and ESRI Building



Classification of diseases and procedures of the Digestive System

Date: Wednesday 5th March

Time: 2.00pm—4.00pm

2014 Training Calendar

Now available on-line at www.hpo.ie
As always more courses will be held as necessary.
If you would like to inform us of any training requirements or have ideas for training initiatives please send an email to hipetraining@hpo.ie

Thought for the month

Your reputation is merely what others think of you;
your character is what you do when you think nobody is looking

To apply for any of the advertised courses, please complete the online training form at:

www.hpo.ie/training

If you would like to inform us of any training requirements, please send an email to hipetraining@hpo.ie.