

Coding Notes



HEALTHCARE
PRICING
OFFICE

No. 83
December 2018



Looking forward to 2019

2019

After a busy 2018, 2019 is shaping up to be a very busy and exciting year for everyone in HIPE. We will continue our preparations for 10th edition of ICD-10-

AM/ACHI/ACS started in 2018. Watch future editions of Coding Notes for more information on the update, on the training and all aspects of the update that may affect you.

This end of year edition of Coding Notes has, as always information on the latest Irish Coding Standards and on the 2019 Instruction Manual. The 2019 HIPE Training Calendar will also be available shortly.

Clinical Coder education is, as always, featuring highly in HPO HIPE work. Along with the preparation for 10th Edition training and the regular HIPE Clinical Coding Course (see page 10) the HPO is delighted to announce a special course on HIPE Training and Mentoring. Many clinical coders have contacted us to learn more about in hospital training and mentoring of new and also experienced clinical coders. This course will equip the participants with the tools to develop a training and mentoring regime within their hospital.

In addition, the Audit Course has proved hugely popular with a third course planned for 2019. Participants on the course complete a project in their own hospital to improve data quality controls, measures and processes, as well as learning about Chart Based Audit. Please see page 5 for details on the course and how to apply.



The next DIT course in Clinical Coding will start in March 2019. We are now taking applications for the next course which will be held from March 2019 – September 2019.

This course will be in 8th Edition of ICD-10-AM/ACHI/ACS.



Contact hipe.training@hpo.ie for further information.

Places are limited and you must be able to commit to the dates as laid out in the 'Notable Dates' document, which you will receive with the application form. Closing date for completed applications is Friday, **11th January 2019**.

Please note even if you have applied before you must re-apply to be eligible for consideration for this course.

We would like to thank all those in the HIPE community who work so hard throughout the year in maintaining and contributing to this important database in so many different ways. We look forward to seeing you all in 2019.

At this time of year we also remember those who are no longer with us and indeed especially in this edition we remember Suzanne Cottam, RIP, Clinical Coder in Ennis who sadly passed away in March 2018. Her friends in ULH have written a beautiful piece for Suzanne which you will find on page 3. *Ar dheis Dé go raibh a hanam.*

May you all have a very peaceful Christmas and a happy and prosperous new year full of good times.

Inside This Issue

Looking forward to 2019	1
HIPE Training and Mentoring Course	2
Suzanne Cottam, An Appreciation	3
HIPE Clinical Coder Education	4
HPO HIPE Chart Based audits in 2018	5
HIPE Instruction Manual 2019	6
Final Dates for Download & Export 2019	6
Irish Coding Standards (ICS) 2019 V1	7
HIPE Auditing Course 2019	7
PICQ Update	8
Documentation Improvement	9
Cracking The Code	10-11
Upcoming HIPE Coder training	12

HIPE Training and Mentoring Course

Timely and accurate HIPE data continues to be critical to Activity Based Funding along with many other purposes such as clinical audit, policy and research. To support the collection of timely accurate HIPE Data it is important that all HIPE Clinical Coders participate in on-going training, delivered by the HPO and that they receive on the job training and mentoring. Hospital HIPE Departments need to have a structured approach to training and mentoring for Clinical Coders at all levels of experience. This is also a recommendation in the Pavilion Health report. The recent HIQA report on HIPE *Review of information management practices in the Hospital In-Patient Enquiry (HIPE) scheme (HIQA, October 2018)* also emphasised the need for additional advanced Clinical Coder training.

We are pleased to announce that the HPO will deliver a **Training and Mentoring Course** for HIPE Clinical Coders commencing in **February 2019**. This is a great opportunity for clinical coders who have an interest in this aspect of their job to further develop their skills and learn more about training and mentoring within their workplaces. Following the course participants will have the skills and knowledge to:

- Identify training needs,
- Design a training plan,
- Develop and Deliver training as appropriate.

Participants will be provided with the tools and skills to ensure the training is delivered in line with the HPO Clinical Coder training strategy (to be published during the first quarter of 2019).

The objectives of this course are:

- To ensure that Clinical Coders are trained to submit timely, accurate HIPE data through on-going training delivered by the Healthcare Pricing Office (HPO) and on the job training within the hospital HIPE department.
- To support Hospital HIPE departments in monitoring, developing and delivering training as well as mentoring for Clinical Coders at all levels of experience.

Training Project

Students are required to complete a hospital based HIPE clinical coder training project. This will include identifying training requirements, developing and delivering appropriate training and reporting on the outcome. This project is to be agreed with the student's line manager.

Course Details:

This course will be held over a total of 4 days as outlined below:

- 2 days classroom training to be held at the HPO on **Tuesday 12th & Wednesday 13th February**
- 1 day classroom presentation skills training to be held at the HPO on **Tuesday 12th March**
- A half day seminar at the HPO/WebEx on **Wednesday 20th March**
- On the job Training Project
- Half day classroom - presentation/reporting on Training Project at the HPO on **Wednesday 31st July**

Information on applying is on page 3.

Suzanne Cottam RIP

An Appreciation



Very close to our hearts here in the UL Hospitals Group this Christmas, is Suzanne Cottam, who very sadly passed in March this year. Suzanne absolutely loved Christmas, so this first Christmas without her is so much harder for her family, colleagues and friends.

Suzanne started coding in Ennis Hospital in 1999 and loved HIPE right up until her last days of working in 2017. She battled her first illness in 2013 and returned with the same passion for HIPE after her recovery. She remained meticulous about every task she did right to the very end of her working days. She was an extremely organised person in and out of work - she was a "list" person – every task had a list, and every list had another list!

Suzanne was loved by everyone who knew her. She was a "go-to" person for everyone, and helped everyone and anyone she could. She was one of

the most thoughtful people ever – even in her last and hardest weeks and months, she remained amazingly selfless thinking of others. Her closest work colleague/friend received a gift in the post after Suzanne passed - even from the other side, she was sending love and thoughtfulness. She had the most beautiful energy about her, many felt she was like a living angel on earth. All of us who knew her were absolutely blessed to have had the privilege of knowing her and having her in our lives.

She is sorely missed by us and will be for a long time to come. RIP Suzanne.

Prepared by Trina Dooley and friends and colleagues in the UL Hospital Group.



Suzanne receiving her DIT qualification in 2016.

HIPE Training and Mentoring Entry details

Course Entry Requirements:

As places are limited and priority will be given to those working in the HIPE department with training and mentoring as part of their role. The application form will give applicants the chance to say why they want to take part.

Participants must be fully trained experienced HIPE staff (minimum of 2 years experience), with expertise and knowledge of Clinical Coding using ICD-10-AM/ACHI/ACS 8th edition & the ICS. Also:

- Participants are required to have experience in using the HIPE Reporter software and Microsoft Office.
- While there is no final examination, students must complete a HIPE training project applying their skills and knowledge to identify training needs, design a training plan, develop and deliver training, and present/report on their Training Project at the HPO.
- Prospective students must complete an application form – details below.

To apply for this course

Please contact hipe.training@hpo.ie for an application form. Before completing the application form please ensure that you can commit to completing the project and attending the course on all of the dates above. Please return the completed application form to hipe.training@hpo.ie by **Wednesday 16th January 2019**.

HPO Clinical Coding Education Programme

The December 2017 edition of Coding Notes contained information regarding changes to the Education Programme for new Clinical Coders to enhance their training. These changes were introduced to support the delivery of training for new Clinical Coders in a timely manner, and to address recommendations in the *National Audit of Admitted Patient Information in Irish Acute Hospitals*, by Pavilion Health. The content and duration of training courses was revised and the content of the *Starter Pack* that is issued to new Clinical Coders was also revised.

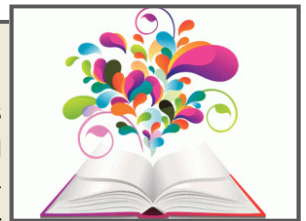
The *Starter Pack* includes instructions for the supervisor/mentor in addition to instructions for the Trainee. The Trainee Clinical Coder is expected to study the essential reading materials and complete the exercises that are included in the pack. This needs to be done with the guidance of their coding mentor, in advance of attending the **Introduction to HIPE course (Part 1)**. On the job training and mentoring is a very important component of Clinical Coder Education.

Pre-course reading and exercises

The HPO Education Team monitored the completion rate of pre-course reading and exercises during 2018 and found that only **50% of Clinical Coders who attended basic training had completed their pre course reading/exercises**. This reduces the effectiveness of the Education Programme as participants who have not completed this important component of their training are not fully prepared to move on to the next stage when they attend training courses. It also has an impact on other participants as the course content has to be amended as a result.

A blended learning approach to Clinical Coder Education which includes online self-paced learning requires a collaborative approach between the Hospital HIPE Department and the HPO. This reduces the time that Clinical Coders have to spend away from the hospital attending training courses at HPO and supports the training of new Clinical Coders in a timely manner.

Pre-course reading and exercises are also sent to Coders in advance of Coding Skills I, II & III and are an important component of the Clinical Coder Education Programme.



Changes for 2019

Z-Code Workshop

The Z-Code Workshop is always popular with Clinical Coders as it contains classification guidelines and examples on the use of codes from Chapter 21 *Factors influencing health status and contact with health services* Z-codes. This course is relevant to all specialties, and will be delivered over **one day at the HPO**, and **not** through WebEx. This change is in response to recommendations on course evaluation forms submitted by Clinical Coders.

Refresher Course

Details of upcoming Refresher courses will be published in early 2019 and Clinical Coders at all levels of experience are encouraged to attend one of these courses.

10th Edition

Preparation for 10th edition will continue during 2019. All existing training materials at all levels from the Starter Pack through to Advanced workshops are being updated to incorporate the changes in 10th Edition. Basic training will only be offered in 10th edition from the 3Q of 2019. In addition the formal update sessions are in preparation and will be delivered in Q4 of 2019.

DIT Certification

The next DIT Certification will be run from March to September 2019. Further details and notable dates are available from hipe.training@hpo.ie. Places are limited so please be sure to contact the HPO if you are interested.

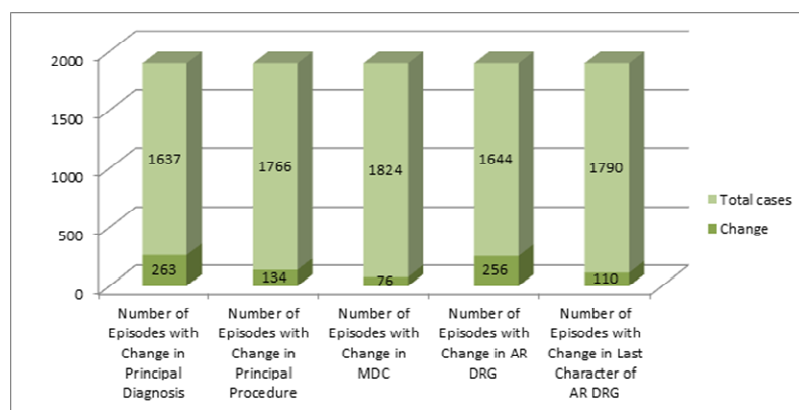
Training and Mentoring Course

See Page 2 & 3 for information on the new Training and Mentoring Course for HIPE Clinical Coders to be run in 2019.

HIPE Chart based audits in 2018

The Data Quality and Audit team have engaged with many hospitals, coders and clinicians throughout 2018 and we thank all of those we have worked with during the year. The team are now focusing on reviewing 2018 data and audits will recommence in January 2019. A total of 19 chart based audits were carried out as part of the HPO Audit Programme by the audit team in 2018. A total of 1900 cases were reviewed with 100 cases audited per hospital (70 Inpatients and 30 day cases). A summary of the overall findings are presented in Table 1. The vast majority of cases have been found by the audits to have been correctly coded – see Chart 1 below.

Chart 1: Overall changes to episodes – Cumulative results of 19 Audits 2018



At a national level the audit findings show 14% of cases audited with a difference in Principal Diagnoses and 7% with a difference in Principal procedure. Of the 13% of cases that changed AR DRG 6% changed at complexity level (AR DRG last character) only. **This finding of 7% difference in full AR DRG is very positive.**

Table 1: Overall summary of changes to episodes

Summary of Change to Episodes	No. Cases	Percentage
Total number of cases audited	1900	100
Number of Episodes with Change in Principal Diagnosis	263	14
Number of Episodes with Change in Principal Procedure	134	7
Number of Episodes with Change in MDC	76	4
Number of Episodes with Change in ARDRG	256	13
Number of Episodes with Change in Last Character of ARDRG only	110	6
Number of Discrepancy Reason Codes Applied	2525	-

As always in a national system such as HIPE there are areas that require improvement and through audit we can identify these areas and work with hospitals locally and nationally to address key areas. Chart based audits also identify good practice and the audit process has, in many sites, involved not just the HIPE department but clinicians, nursing, general management and finance teams also. The HPO team have found that HIPE staff are positively engaged in the audit process and welcome the opportunity to clarify and address coding issues that arise in the day to day work of the HIPE team. The issue of challenging documentation remains a common finding in chart based audits in 2018 and the HPO continue to raise this matter at every opportunity and engage with clinical colleagues.

The HPO are following up with audited hospitals on progress with recommendations and the audit findings are linked in to the Training and Data quality work performed by the HPO to ensure that processes are in place to address key data quality areas identified through chart based audit.

The HPO would like to thank each of the Hospitals involved for their support and engagement with the audit process in 2018. The audit planning for 2019 has commenced and audits are scheduled for the first quarter, please contact HIPECoding@hpo.ie for further information on the HPO's chart based audits or if you would like information for your hospital on the audit process or would like a copy of the HPO Clinical Coding Audit Strategy. Details of the next HIPE Audit Course are on Page 7.

2019 HIPE Instruction Manual

Each year a new HIPE Instruction Manual is published to reflect any changes in variables collected by HIPE. It is important that all HIPE coders are familiar with the changes that occur each year.

Regular updates to 2019 HIPE Instruction Manual:

- HIPE Summary sheet updated for 2019.
- List of 2019 dates for download and export added.

Main Changes in 2019 HIPE:

- Section added to record hours of duration of continuous ventilatory support
- Section added to record nights spent in a virtual ward
- Information added that the date of admission is the date the patient is admitted or when a decision to admit has been made and the patient is in an ED virtual ward.
- Ward identification- variable updated to include advice on patients admitted to virtual wards
- New Variable duration of continuous ventilatory support.
- New Variable virtual ward activity



The HIPE Portal has been updated to recognise all these changes for patients discharged in 2019. If you have any questions on the above changes please contact HIPEcoding@hpo.ie.

The 2019 Instruction Manual will be available on www.hpo.ie and hard copies will be despatched to all hospitals.

Final Dates for Download and Export in 2019*

HIPE Export Month	Download All Cases	Final Receipt day	Date
End of December 2018	31/12/2018	Friday	04/01/2019
End of January 2019	31/01/2019	Tuesday	05/02/2019
End of February 2019	28/02/2019	Tuesday	05/03/2019
End of March 2019	31/03/2019	Wednesday	03/04/2019
End of April 2019	30/04/2019	Friday	03/05/2019
End of May 2019	31/05/2019	Thursday	06/06/2019
End of June 2019	30/06/2019	Wednesday	03/07/2019
End of July 2019	31/07/2019	Tuesday	06/08/2019
End of August 2019	31/08/2019	Wednesday	04/09/2019
End of September 2019	30/09/2019	Thursday	03/10/2019
End of October 2019	31/10/2019	Tuesday	05/11/2019
End of November 2019	30/11/2019	Wednesday	04/12/2019
End of December 2019	31/12/2019	Monday	06/01/2020

* Export dates are on the third working day of the next month to ensure a full download of all cases for the previous month.

Irish Coding Standards (ICS) 2019 V1

Irish Coding Standards (ICS) 2019 V1 provides guidelines for the collection of HIPE data for all discharges from January 1st 2019 using the HIPE Portal software and is to be used in conjunction with 8th Edition ICD-10-AM/ACHI/ACS and the relevant HIPE Instruction Manual.

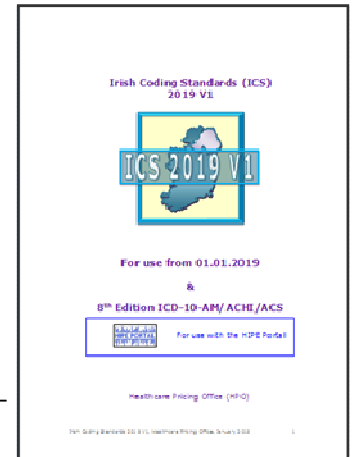
ICS 2019 V1 contains the following changes:

General information:

Information on the numbering format for Irish Coding Standards has been added to the Preface to the Irish Coding Standards

Section 1: Valid HIPE activity

Valid HIPE activity now includes ED virtual wards. From 1st January 2019 HIPE will collect the number of nights in a virtual ward where a decision to admit has been made. HIPE will also collect diagnoses and procedure codes as appropriate for patients admitted in ED virtual wards.



Section 2: HIPE Guidelines for Administrative Data

Section 2 of the Irish Coding Standards contains HIPE Guidelines for Administrative Data. These guidelines have been expanded for 2019 to include guidance on:

New Coding standard on the collection of Duration of Continuous Ventilatory Support (CVS).

Section 3: Coding Standards

Section 3 of the Irish Coding Standards contains standards relating to the coding and classification of data for collection in the HIPE system.

A new coding standard has been introduced on the coding of Robotic Assisted interventions; ICS 0053 Robotic assisted interventions. This procedure code is not provided in the 8th edition of ICD-10-AM/ACHI/ACS however it is available for use in Ireland from 1st January 2019.

A new Irish Coding Standard has been introduced following the response from the ACCD to a query on the sequencing of myocardial infarctions and coronary artery disease – ICS 090x *Myocardial Infarction (MI) with Coronary Artery Disease (CAD)*

ICS 1006 Ventilatory Support has been amended to reflect the capture by HIPE of ED virtual ward activity from 01.01.2019 and also includes a reference to the new Irish Coding Standard on Duration of CVS

Appendices:

The updated “Five steps to quality coding” are also incorporated into the Irish Coding Standards – see Appendix C. Appendix C has been expanded and renamed “Guidance In The Use Of ICD-10-AM/ACHI/ACS/ICS”.

Available at www.hpo.ie

HIPE Auditing Course 2019

The HPO are pleased to announce that the next HIPE auditing course will commence in early 2019. Application forms will be issued to all HIPE staff in January with full details of the course. 16 people have undertaken this course to date with positive feedback. We expect to have 10 places on the next course.

The course will be held over 3.5 days and will include an audit project to be completed by participants. The scheduled dates for the next course are as listed here and please ensure you are available to attend on these dates before applying for the course.

HIPE Audit Course Time Table	
Date	Venue
7th March 2019	HPO
8th March 2019	HPO
11th April 2019	WebEx
16th May 2019	HPO
28th June 2019	Project submission

PICQ™ Performance Indicators of Coding Quality

Go-Live complete

PICQ™ Implementation complete

By now, all HIPE coders and coding managers have received a “Welcome to PICQ” message with instructions on how to access PICQ™ and the PICQ™ user guide. *(If you have not yet confirmed your PICQ account please contact Pavilion Health).*

Daily use of PICQ recommended for coders

As recommended by Pavilion Health, many of you are using PICQ™ daily to examine how the episodes you have coded have been assessed by PICQ; getting reassurance that you are compliant with the classification and referring back to the classification and editing the coding where necessary.

Pavilion Health recommends that each day address any F and W1 indicators triggered and explore the types of episodes that are triggering W2 indicators, justifying these if appropriate to do so. *Please note it is essential that coding rules continue to be followed, including to only code what is documented.*

Weekly use of PICQ recommended for coding managers

Pavilion Health recommend that coding managers use PICQ™ to support their coding team by examining quality measures by indicator (*summary report*), by disease chapter (*dashboard* -> bar chart -> chose by Disease chapter) and by coder (*Benchmark report*). The *Justification* report can be used to see what indicator/episodes are being justified and the justification used. The *Specificity* report can be used to explore patterns in the use of non-specific codes. Once any data issues due to coding have been addressed, these reports will help identify other possible causes of less-than-perfect data quality, such as documentation issues.

HPO use -regular monitoring to commence in 2019

From January 2019, the HPO will use PICQ™ to understand coding quality across the hospitals, to identify training needs and to inform audit planning. The HPO will also cross check PICQ quality measures with ABF monthly reporting. Therefore, we strongly recommend that coders continue to use PICQ daily and to address any issues raised by PICQ.

Irish PICQ Advisory Board

The Irish PICQ Advisory Board’s purpose is *to maintain and guide the development of PICQ® indicators that assists managers of Irish health information classification systems and standards to systematically measure, benchmark and improve clinical coding quality*. The board consists of members from the Irish coding community, the HPO and Pavilion Health. Professor Beth Reid chairs this and the Australian PICQ™ Advisory Board. Coding community board members serve for 18 months, after which time the Board will call for new volunteers.

The board met virtually on 10th December where PICQ™ indicator queries raised so far were reviewed. It was agreed that the W2 indicators around HADX will be reviewed to ensure appropriateness for Irish setting. Indicators will also be reviewed to allow for the one procedure code from 10th edition that will be used in Ireland from 2019 (96233-00 [1923] *Robotic Assisted Intervention*).

Future enhancements, Support and Help

Pavilion Health will be continually working to improve PICQ™; new features, enhancements and bug fixes will be rolled out periodically. These enhancements will not interfere with your use of PICQ™.

If you need help or support, please contact support@pavilion-health.com or call Cliona O’Donovan at Pavilion Health on 01-9107996

Documentation Improvement. Some of the resources available.

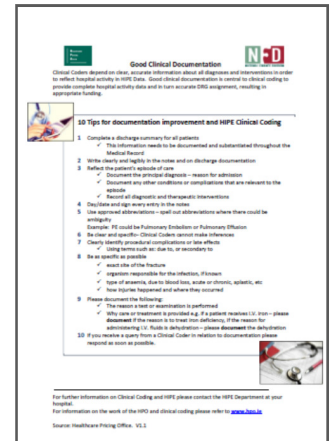
Top 10 tips for documentation improvement and HIPE Clinical Coding

The training team at the HPO have developed a useful 2 page document on the importance of good clinical documentation. This includes the Top 10 tips for documentation improvement and HIPE Clinical Coding.

Please contact HIPETraining@hpo.ie if you would like a copy.

Tips for documentation improvement and HIPE Clinical Coding

- 1 Complete a discharge summary for all patients
- 2 Write clearly and legibly in the notes and on discharge documentation
- 3 Reflect the patient's episode of care
- 4 Day/date and sign every entry in the notes
- 5 Use approved abbreviations – spell out abbreviations where there could be ambiguity
- 6 Be clear and specific– Clinical Coders cannot make inferences
- 7 Clearly identify procedural complications or late effects
- 8 Be as specific as possible
- 9 Please document the following:
- 10 If you receive a query from a Clinical Coder in relation to documentation please respond as soon as possible.



Healthcare Record Management

The HSE Quality Improvement Division and QPS Acute Services have produced an info-graphic to remind staff about the importance of good *Healthcare Record Management* and their responsibility to adhere to best practice guidelines. This resource is available on the HSE website along with the publication *HSE Standards and Recommended Practices for Healthcare Records Management*.

The Info graphic can serve as a useful resource to put on notice boards to all about Healthcare records management.



HSE Land Finance Training for Health Service Staff

To support you in improving your financial management skills, HSE Finance earlier this year launched an online hub on HSEland featuring finance training materials ([HSEland Share Centre](#)). This hub contains video sessions, audio sessions, presentations and documents on a wide range of Finance topics, which can be viewed and downloaded at your convenience.

As part of Phase 2 of the development of this Finance Training Programme, and of particular interest to all in HIPE is the presentation added to the Hub and presented by Marie Glynn, HPO HIPE Coder education manager, on Coding and Good Clinical Documentation;

Importance of Clinical Coding - Good clinical documentation is central to clinical coding to provide complete hospital activity data resulting in appropriate funding. The video presentation ensures you have the knowledge to understand your responsibilities in relation to recording good clinical documentation.

To access this video simply access HSEland and select **Finance Training for Health Service Staff** from the list of **Projects and Resources**



Cracking the Code



A selection of Coding Queries

Q. A patient with type 2 diabetes mellitus (uncomplicated) develops steroid induced hyperglycaemia. How is this coded?

A. Please assign the appropriate diabetes mellitus code in addition to an external cause code to indicate the drug that caused the adverse effect. The external cause code will depend on the circumstances. If the steroids were a prescribed drug, taken correctly, please code as an adverse effect – See *ICS 1902 Adverse effects of drugs*.

Hyperglycaemia, hyperglycaemic

- with diabetes (mellitus) — see Diabetes, diabetic (by type)

E11.9 Type 2 diabetes mellitus without complication

Y42.7 Androgens and anabolic congeners (adverse effect in therapeutic use)

Q. A patient was transferred to our hospital from another hospital post PCI (Percutaneous Coronary Intervention) and stenting with a diagnosis of atherosclerotic heart disease. Can you clarify should the principal diagnosis be an aftercare Z code or is it the diagnosis established after study atherosclerotic heart disease? Is an aftercare code required?

The patient is admitted to this hospital for observation overnight and discharged the next day. He is reviewed by the doctor and the Cardiac Rehab CNS.

A. The ACCD published advice on the use of code Z48.8 *Other specified surgical aftercare* in 2017. This advice provides the following clarification.

“If the patient is transferred for continued active treatment of a condition, do not assign an aftercare code; instead follow ACS 0001 Principal Diagnosis.

Transfers between campuses of the same hospital, or between two facilities for overnight care (e.g. care of in situ drain) and observation following a day procedure, are not classified as aftercare as the patient is still receiving active treatment”.

Based on this information we suggest you code to the following.

I25.11 *Atherosclerotic heart disease of native coronary artery*

Please note that this advice is applicable to 10th edition however the guidance can be applied to 8th Edition as clarification is provided on the use of an existing code.

Q. A patient was admitted for a Haemorrhoidectomy performed using “Ligasure”. What procedure code is assigned?

A. Ligasure is defined as a suture-less, closed haemorrhoidectomy using electro-surgical device to achieve tissue and vessel sealing. We would suggest you code to:

32135-01 [941] *Destruction of haemorrhoids*

Includes: cauterisation
cryotherapy
infrared therapy.

Q. A patient was admitted with a chronic venous leg ulcer which started to bleed while an inpatient. The Surgical team reviewed the patient and the leg was redressed on numerous occasions.

How is a bleeding venous leg ulcer coded?

A. There is no specific code indexed for bleeding venous leg ulcer. We suggest you code to the condition:

I83.0 *Varicose veins of lower extremities with ulcer*

Q. A patient was admitted with angioedema secondary to using an E-Cigarette. How is this coded?

A. We suggest you code as follows:

T78.3 *Angioneurotic oedema*

X49 *Accidental poisoning by and exposure to other and unspecified chemicals and noxious substances*

Y92.9 *Unspecified place of occurrence*

U73.9 *Unspecified activity.*



Cracking the Code



A selection of Coding Queries

Q. How is a fall in hospital coded when there is no injury but the patient is observed following the fall?

A. If a patient is admitted following a fall and there were no injuries or there was a fall in hospital with no injuries but investigations were undertaken, then assign as follows:

Z04.3 *Examination and observation following other accident*

Also code appropriate external cause codes to describe the fall and assign HADX flag if the fall occurred in hospital. If there is an injury code the injury and *do not assign the observation code*.

Q. If there is documentation in the chart that the patient uses e-cigs or vapes but no documentation of being an ex-smoker, is it appropriate to assign a code for smoking or history of smoking?



A. As E-cigarettes deliver nicotine without tobacco, use of these devices does not require assignment of a code for tobacco use disorder.

Note: the ACCD have published advice on coding of E-cigarettes in 10TH Edition. HIPE will adopt this advice regarding E-cigarettes with effect for discharges from 1.1.2019. This supersedes previous advice issued by the HPO.

Q. How is a Rox coupler/Rox flow procedure coded? This procedure is performed for hypertension and is done in an angiography suite or endovascular cath lab.

A. The Rox Coupler is placed between the artery and vein in the upper thigh to allow a fixed amount of blood to flow between them, known as an anastomosis.

<https://www.roxmedical.com/rox-therapy/>

In the absence of a specific code for this procedure we suggest you code to:

34509-00 [765] *Arteriovenous anastomosis of lower limb*

34524-00 [694] *Catheterisation/cannulation of other artery*

Q. If there is documentation of reflux alone on an OGD what code is assigned R19.8 *Other specified symptoms and signs involving the digestive system and abdomen* or K92.8 *Other specified diseases of digestive system*?

A. We have sought external advice on this query. If the endoscopy is of the upper GI tract (not the biliary or urinary tract) then following the index we suggest coding to:

K21.9 *Gastro-oesophageal reflux disease without oesophagitis*
See:

Reflux

- gastro-oesophageal K21.9
- oesophageal K21.9

Q. If a Type 2 Diabetic is admitted with proliferative retinopathy on one eye and non-proliferative retinopathy in the other eye and they also have an aneurysm in one of the eyes. They have conditions that are classifiable to E11.31, E11.32 & E11.33. What codes are assigned?

A. Assign E11.33 *Type 2 diabetes mellitus with proliferative retinopathy* following the guidelines in ACS 0401 *Diabetes Mellitus and Intermediate Hyperglycaemia* below as this code represents the most advanced stage of the disease in the patient.

Retinopathy and DM

When retinopathy complications classifiable to more than one code from E1-.31–E1-.33 and/or E1-.35 are documented, only the most advanced stage should be coded.

Do you have a HIPE coding query?

Please email your query to: hipecodingquery@hpo.ie

To answer your query we need as much information as possible, please use the Coding Help Sheet as a guide to the amount of detail required, available at:

www.hpo.ie/find-it-fast.

Please anonymise any information submitted to the HPO.



Upcoming Courses



To apply for any of the advertised courses, please complete the online training applications form at: www.hpo.ie/training or use the link below.

Click 'Ctrl' and click on the link:

<http://www.hpo.ie/training/frmTraining.aspx>

Please ensure you enter the correct email addresses when applying for courses.

All information provided will be kept confidential and only used for the purpose it is supplied.

Please inform us of any training requirements by emailing hipe.training@hpo.ie

Coding Skills I



This **2 day course** is for new coders who have attended *Introduction to HIPE I & II*. This course will provide participants with an introduction to coding and to the ICD-10-AM/ACHI/ACS 8th edition. The course includes training in the use of the HIPE Portal software.

Date: Tuesday, 15th—Wednesday, 16th January
Time: 10.00am – 4.30pm each day
Location: HPO, Brunel Building

Coding Skills II



The course is centred on clinical coding and clinical coding guidelines and includes HIPE Portal training. Participants must complete *Introduction to HIPE I & II* and *Coding Skills I* before attending this course.

Date: Tuesday, 19th—Thursday 21st February
Time: 10.00am – 4.30pm each day.
Location: HPO, Brunel Building only

Coding Skills IV— Workshop Z-Codes



This is now a full day course held at the HPO only.

Date: Wednesday, 13th March
Time: 10.30am – 4.00 pm
Location: WebEx Only

Anatomy & Physiology



****These courses are open to all HIPE coders****

These courses will be delivered by a specialist speaker.

Anatomy & Physiology—Introduction

Date: Thursday, 24th January
Time: 11.00am – 1.00pm
Location: HPO, Brunel Building & WebEx

Anatomy & Physiology— Musculoskeletal System

Date: Thursday, 24th January
Time: 2.00pm—4.00pm
Location: HPO, Brunel Building & WebEx

Anatomy & Physiology— Digestive System

Date: Thursday, 21st March
Time: 11.00am—1.00pm
Location: HPO, Brunel Building & WebEx

Anatomy & Physiology— Respiratory System

Date: Thursday, 21st March
Time: 2.00pm—4.00pm
Location: HPO, Brunel Building & WebEx

Same Day Endoscopies



There are very specific standards and guidelines around the coding of Same Day endoscopies. This course will go through these in detail. This course is for coders of all levels of experience. All new Coders are advised to sign up for, and participate in this workshop, as part of the core training for new Coders.

Date: Wednesday, 30th January
Time: 10.30am – 1.00 pm
Location: WebEx Only

What would you like to see in Coding Notes?

If you have any ideas for future topics, please let us know.
Thanks and keep in touch: info@hpo.ie

See the 'Find it Fast' section of the HPO website for easy access.
www.hpo.ie/find_it_fast/

Thought for Today

The difference between stumbling blocks and stepping stones is how you use them.
Unknown.

