

# Coding Notes



HEALTHCARE  
PRICING  
OFFICE

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10

## 10th Edition Update



Welcome to the December edition of Coding Notes. It's hard to believe another year has flown by and we are facing not only a new year and a new decade but also the 10th Edition update of ICD-10-AM/ACHI/ACS.

We are also delighted to be able to present the new IE-Book, as created and named by the HPO IT team. This will now provide access to the electronic version of ICD-10-AM/ACHI/ACS and the ICS. This is an exciting innovation and we are very grateful to the IT team in the HPO who all took on this massive task in order to ensure there is an electronic version of the classifications available to the system. The IT team will continue to work on this and will aim to improve and develop this critical coding tool.

The PICQ tool has now been in place for over a year and the Irish Pavilion team have provided a summary on how the year has gone and forthcoming developments on Page 2.

As well as the update to the 10th edition, there are the usual changes that come with each New Year. The changes to both the instruction manual and the Irish Coding Standards are provided on pages 4 & 5. It is important that everyone is familiar with all the new changes to HIPE in 2020.

The HPO coder education team will continue to provide training on the update and also provide regular training for 10th Edition. All training will now be provided in 10th edition only. A review of the update training and a look ahead to 2020 is provided on page 3. The 10th edition has been well received and coders



Marie Glynn, Head of Clinical Coding Education presenting the update in Sligo University Hospital in November.

expressed enthusiasm towards the changes, including the new IE-Book. We appreciate the support of the hospitals who provided us with venues and help and support in organising this major event in the HIPE calendar.

The 2020 training calendar is now available on [www.hpo.ie](http://www.hpo.ie). Additional courses will be added to the schedule as the year progresses but the calendar is an excellent planning tool to help hospitals schedule training in advance.

The changes to the Palliative Care Irish Coding Standard 2116 are presented on page 6 along with a note on an important change to an instructional note at some key categories. The new code regarding 'Vaping related disorders' is discussed on page 9.

The whole team in the HPO would like to sincerely thank all HIPE staff most sincerely for their continued hard work, support, enthusiasm and dedication to HIPE. Everyone is under pressure to meet deadlines and to ensure good quality data is returned and we appreciate your efforts. We look forward to working with you all in the coming year.

**Thank you all!**



### Inside This Issue

Update to 10th Edition	1
PICQ™ One Year On	2
10 <sup>th</sup> Edition Update Training & 2020 HIPE Training	3
2020 HIPE Instruction Manual	4
Export Dates for 2020	4
Irish Coding Standards 2020 Version 1	5
ICS 2116 Palliative Care	6
10th Edition—changes to instructional notes	6
Coding Rules on Vaping Related Disorders	7
Cracking The Code	8-9
Upcoming HIPE Training	10

# PICQ™ Performance Indicators of Coding Quality

## One Year on



### One year on ...

PICQ™ has been in use in Ireland for over a year now. We now have 423 users across 55 hospitals. Most coders are logging in daily to view their indicators and find PICQ™ easy to use. Pavilion Health recommends that coders address any F and W1 indicators triggered daily.

### New Version of PICQ™

PICQ™ version 8.5 is being rolled out this December which enhances how PICQ™ processes data. The new user features include the ability to filter by 'Date of Separation' ('Discharge Date' in HIPE) or 'Coding Date'; includes a search function and now saves filters between screens. The User Guide will be easier to access, it will be embedded in PICQ™. If users have any difficulties transitioning to version 8.5, please get in touch with us at [support@pavilion-health.com](mailto:support@pavilion-health.com)

### Training

Earlier this year, we at Pavilion Health conducted a training survey, asking HIPE managers about PICQ™ training needs for their teams. Feedback from the survey indicates that users find PICQ™ easy to use but that the user manual can be hard to find. Therefore, the user guides will be available to use within PICQ™. Pavilion Health will provide training for users new to PICQ™ during the New Year. We also ran sessions for HIPE managers during 2019, focussing on features available to managers. Please get in touch with us at [support@pavilion-health.com](mailto:support@pavilion-health.com) if you want to discuss specific training needs.

### Move to 10<sup>th</sup> edition of the classification

PICQ™ indicators have been modified to comply with 10<sup>th</sup> edition of the classification, the 10<sup>th</sup> edition PICQ™ indicator set will come into effect on 01 Jan 2020 for all discharges from 1<sup>st</sup> January onwards. This indicator set reflects Irish Coding Standards. 2019 discharges will continue to be checked in PICQ™ using the 8<sup>th</sup> edition indicator set. The change will be seamless to coders, as PICQ™ will assign the correct indicator set based on date of discharge.

### PICQ™ Advisory Board - Minutes and meeting

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 group as well as 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 in June this year where PICQ™ indicator queries raised so far were reviewed. Twenty-one PICQ™ indicators were reviewed in this session, four of which were altered. The next PICQ™ Advisory Board will meet in January once ICD10AM 10<sup>th</sup> edition is implemented.

### Help and Support

During 2019, we answered over 300 PICQ™ related queries. Initially the questions focused on how to use PICQ™, while more recently the questions are on the indicators. We always welcome challenges to the indicators, sometimes we need to refine the wording or customise for an Irish Coding Standard or make a change to the logic.

There are now 2 members of the PICQ™ support team based in Ireland; Katie Malone has joined Cliona O'Donovan in Maynooth. If you need help or support, please contact [support@pavilion-health.com](mailto:support@pavilion-health.com)

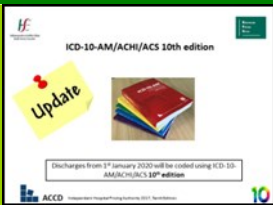


*Happy Christmas from all the Pavilion Health team.*



# ICD-10-AM/ACHI/ACS 10<sup>th</sup> Edition Update Training

## 2020 HIPE Training



### ICD-10-AM/ACHI/ACS 10<sup>th</sup> edition update training

As all discharges from 1<sup>st</sup> January 2020 will be coded using ICD-10-AM/ACHI/ACS 10<sup>th</sup> the following training programme is being rolled out to provide clinical coders with an overview of the major changes between 8<sup>th</sup> & 10<sup>th</sup> edition of the classification.

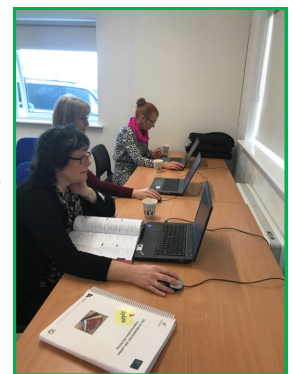
#### Phase 1—2018 & 2019

As part of the lead in to the update, all *Coding Notes* quarterly newsletters published during 2018 & 2019 contained information on the changes. In addition an HIPE Managers' day was held on 18<sup>th</sup> September 2019 and participants were provided with tips and advice in relation to the implementation of ICD-10-AM/ACHI/ACS 10<sup>th</sup> edition.

Education videos on the major changes to the classification of Obstetrics, were made available to all clinical coders. Please use these videos as an education resource.

#### Phase 2—Q4 2019

The formal Update to 10th Edition was held in November and December with seven 2-day courses held nationally in Dublin, Cork, Galway & Sligo with a total of 280 participants from HIPE staff. Each participant received the workbook of slides as well as a folder of relevant additional training materials. Please note that Soft copies of training materials issued during the update courses will be made available to all Clinical Coders for reference. We are very appreciative of all the help and support provided in organising, hosting and also to all those who participated in these courses. In addition, a training course was also held at the HPO on 13<sup>th</sup> December to provide HIPE Data Users with an overview of the changes to the classification.



#### Phase 3—2020

The planning for the 3<sup>rd</sup> phase training courses is underway and all coders will be notified of details in the new year.

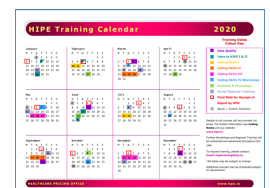
Follow-up training courses will be delivered during 2020. This follow up will address any frequently asked questions that are submitted from clinical coders and will also focus on areas where major changes to the classification have been made.

All *Coding Notes* newsletters issued during 2020 will contain features on the changes and as always *Cracking the Code* will contain a selection of coding queries with answers.

#### HIPE Training during 2020.

All training courses delivered during 2020 will be in ICD-10-AM/ACHI/ACS 10th edition.

The **2020 Training Calendar** has been published and is now available on the HPO website and hard copies will be dispatched to all hospitals in the new year. Additional courses will be scheduled during 2020, including phase 3 of the update to 10<sup>th</sup> edition education programme. If there are any specific areas that you would like to be included in the training schedule please let us know as soon as possible. Contact [hipe.training@hpo.ie](mailto:hipe.training@hpo.ie) with your training needs and we will do our best to accommodate.



The next **TU Dublin Certificate in Clinical Coding course** will be delivered in 10th edition and will commence in January 2020.

Applications are invited from coders currently working within HIPE coding departments in Ireland. Please submit the completed application **by email** to [hipe.training@hpo.ie](mailto:hipe.training@hpo.ie). **Closing date for completed applications is Friday 3<sup>rd</sup> January 2020.** An email with further details was dispatched to all Clinical Coders on 16<sup>th</sup> December.

Please note that clinical coders who have already completed the certificate in clinical coding course are not eligible to apply for this course – details of the process to update your existing certification (optional) will be published during 2020.

If you have any comments or queries on any aspect of the Update to 10th Edition please do not hesitate to contact [HIPEcoding@hpo.ie](mailto:HIPEcoding@hpo.ie). We will do all we can to ensure a smooth transition.



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:

- Front cover and colour updated for 2020
- HIPE Summary Sheet updated
- List of 2020 dates for download and export added.



## Main Changes for 2020 in HIPE

- Area of residence code added for Tipperary North Riding and Tipperary South Riding.
- Area of residence for Tipperary 1708 removed.
- List of health insurers – 7. Glohealth removed from the list of health insurers
- Note on collection of number of days in private/semi private bed and occupancy removed from “Patient Status on Discharge” variable.
- Number of ITU days expanded to collect room occupancy for patients with a discharge status of ‘private’
- Number of days by Bed type added
- Number of days by Room type added (occupancy)
- New transfer code added for 0938 Children’s Health Ireland Connolly
- Names updated for Crumlin and Temple St. as part of Children’s Health Ireland.
  - 0940 Children’s Health Ireland (CHI) at Temple St.
  - 0941 Children’s Health Ireland (CHI) at Crumlin

The HIPE Portal has been updated to recognise these changes for all patients discharged in 2020. The 2020 HIPE Instruction Manual will be available on [www.hpo.ie](http://www.hpo.ie) and hard copies will be issued to all hospitals.

## Final Dates for Download and Export in 2020\*

HIPE Export Month	Download All Cases	Final Receipt day	Date
End of December 2019	31/12/2019	Monday	06/01/2020
End of January 2020	31/01/2020	Wednesday	05/02/2020
End of February 2020	29/02/2020	Wednesday	04/03/2020
End of March 2020	31/03/2020	Friday	03/04/2020
End of April 2020	30/04/2020	Wednesday	06/05/2020
End of May 2020	31/05/2020	Thursday	04/06/2020
End of June 2020	30/06/2020	Friday	03/07/2020
End of July 2020	31/07/2020	Thursday	06/08/2020
End of August 2020	31/08/2020	Thursday	03/09/2020
End of September 2020	30/09/2020	Monday	05/10/2020
End of October 2020	31/10/2020	Wednesday	04/11/2020
End of November 2020	30/11/2020	Thursday	03/12/2020
End of December 2020	31/12/2020	Wednesday	06/01/2021

\* 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) 2020 V1 provides guidelines for the collection of HIPE data for all discharges from January 1<sup>st</sup> 2020 using the HIPE portal software, 10<sup>th</sup> edition ICD-10-AM/ACHI/ACS and the relevant HIPE Instruction Manual.

The following is a summary of the main changes to the Irish Coding Standards for 2020

Preface introducing ICS 2020 V1 was updated – this symbol has been added to identify 10th edition updates.



A section has been added on HIPE coding deadlines and HIPE export dates.

## Changes to Irish Coding Standards for use in 2020:

### 5 new Irish Coding Standards have been created

- ICS 0003 *Supplementary codes for chronic conditions* – supplementary codes for chronic conditions will not be collected in Ireland.
- ICS 0049 *Disease codes that must never be assigned* – code R65.0 *SIRS of infectious origin without acute organ failure* can be assigned in Ireland in accordance with ICS 0110 *SIRS, Sepsis, Severe Sepsis and Septic Shock*.
- ICS 0110 *SIRS, Sepsis, Severe Sepsis and Septic Shock* provides guidance on the coding of SIRS in Ireland in 10<sup>th</sup> edition.
- ICS 2116 *Palliative Care* - palliative care has been moved to Chapter 21 in 10<sup>th</sup> edition and also the content of the standard has changed. Palliative care can only be coded when there is documented evidence that the patient has been provided with palliative care.
- ICS 22X1 *Vaping Related Disorder* – advice issued by the WHO/IHPA instructs that code U07.0 *Emergency Use of U07.0* is to be used when there is documentation of vaping related disorders.

### 3 Irish Coding Standards have been updated

ICS 0025 *Double coding* – an example has been added to reflect the changes in the coding of pressure injuries when the assignment of more than one code and when the HADx flag applies.

ICS 0112 *Infection with Drug Resistant Organisms* has been updated to reflect the 10<sup>th</sup> edition changes in the coding of multiple drug resistance.

ICS 1012 *Summary of classification of influenza* has been updated to reflect changes in 10<sup>th</sup> edition in the coding of influenza. Only influenza A H5N1 can be classified to J09.

### 4 Irish Coding Standards have been deleted

ICS 0053 *Robotic Assisted Intervention* has been deleted as the advice is consistent with ACS 0053 in 10<sup>th</sup> edition.

ICS 0224 *Palliative Care* has been deleted as the guidance and location of the standard of palliative care has changed in 10<sup>th</sup> edition. A new ICS on palliative care has been developed – see ICS 2116.

ICS 10X0 *A(H1N1) Influenza (swine flu)* has been deleted as 10<sup>th</sup> edition includes a new ACS 1012 *Influenza due to identified influenza virus*.

ICS 1510 *Pregnancy with abortive outcome* has been deleted as information is contained in ICS 15X3 and ACS 1510 has been deleted in 10<sup>th</sup> edition.

**The ICS 2020 V1 will be available on [www.hpo.ie](http://www.hpo.ie)**





## Irish Coding Standard 2116 Palliative Care

### ICS 2116 Palliative Care

The advice contained in ACS 2116 Palliative Care provides the following instruction:

“Do not assign Z51.5 *Palliative care* when a palliative care assessment has been performed but no actual care has been given...”

As per advice in ACS 2116 *Palliative care* in 10<sup>th</sup> Edition ICD-10-AM/ACHI/ACS, code Z51.5 *Palliative care* should only be assigned as an additional diagnosis where there is documented evidence that the patient has been provided with palliative care. This Irish Coding Standard provides additional guidance on the use of Z51.5 Palliative care in Ireland.

- Do not assign Z51.5 when a palliative care assessment has been performed but no actual care has been given.
- In Ireland, documentation that the patient has been seen by the palliative care team is not sufficient to assign code Z51.5 *Palliative care* there must be evidence that palliative care has been given.
- The palliative care does not have to be delivered or informed by a specialist palliative care team, however, there must be evidence and documentation to support that palliative care was given to the patient.

Also refer to the guidance in Coding Rules Ref No: Q2914 | Published On: 15-Jun-2015 for information on synonymous terms for palliative care

Effective From: January 2020

Reason For standard: ICS developed as a result of changes in 10<sup>th</sup> edition to the coding of palliative care. New standard developed to provide clarification for Irish coders.

First Published: ICS 2020 V1

## 10th Edition—changes to instructional notes

It is important that coders review the instructional notes in the tabular to ensure they are compliant with correct application of 10th Edition. A good example is the note ‘Use additional Code to Identify presence of Hypertension’. This has been deleted from the categories listed below. For hypertension to be now coded with these conditions as a secondary diagnosis it must meet criteria in ACS 0002.

### I20-I25 ISCHAEMIC HEART DISEASES

~~Use additional code to identify presence of hypertension~~

### I60-I69 Cerebrovascular diseases

~~Use additional code to identify presence of hypertension~~

### N18 Chronic kidney disease

~~Use additional code to identify presence of hypertension~~

With so many new codes and changes to some conventions in the classification coders were advised to follow the *5 Steps to Quality Coding* to ensure that accurate and complete data are collected using 10<sup>th</sup> edition.

# Coding Rules on Vaping Related Disorders



## Coding Rules on Vaping Related Disorders:

The advice below has now been published as a Coding Rule and has been incorporated into the 2020 Irish Coding Standards as ICS 22X1 *Vaping Related Disorder*:

**Ref No: TN1511 | Published On: 16-Dec-2019 | Status: Current**

**SUBJECT: Vaping-related disorders; use of WHO code for emergency use**

**\*Effective from 25 September 2019\***

Vaping-related disorders are disorders that result from inhaling a vaporised solution (aerosol) via an electronic delivery system. These products frequently contain flavourants, usually dissolved into propylene glycol and/or glycerine. They may also contain doses of nicotine, and other substances and additives. These disorders may also be documented as electronic cigarette related damage or disorders, or e-cigarette or vaping product use-associated lung injury (EVALI).

The exact causation of and mechanism leading to the disorders is currently unclear. The substance or substance combination leading to vaping-related disorders has not yet been identified. While lung disorders related to vaping are recognised, other organs may be affected as well. Although vaping devices may resemble cigarettes, they do not contain tobacco and it is not appropriate to assign Z72.0 *Tobacco use, current*.

Concern has arisen due to an increase in the incidence of vaping-related disorders internationally. As a result, the World Health Organization (WHO) has advised that **effective from 25 September 2019**, U07.0 *Emergency use of U07.0* is assigned for vaping-related disorders, to monitor vaping-related disorders internationally.

### CLASSIFICATION

Where documentation states that a condition or symptom is vaping related, assign:

A code for the condition as per the guidelines in ACS 0001 *Principal diagnosis* and ACS 0002 *Additional diagnoses*

U07.0 *Emergency use of U07.0* as an additional diagnosis

Note: DO NOT assign U07.0 to flag that a patient uses a 'vape device'.

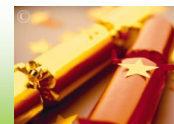
### Bibliography:

Australian Government Department of Health 2019, About e-cigarettes, DOH, Canberra, viewed 16 October 2019, <https://www.health.gov.au/health-topics/smoking-and-tobacco/about-smoking-and-tobacco/about-e-cigarettes>

Centers for Disease Control and Prevention 2019a, Outbreak of Lung Injury Associated with E-cigarette Use, or Vaping, US Department of Health and Human Services, viewed 1 October 2019, [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html)  
Centers for Disease Control and Prevention 2019b, THC Products May Play a Role in Outbreak of Lung Injury Associated with E-cigarette Use, or Vaping, US Department of Health and Human Services, viewed 1 October 2019, <https://www.cdc.gov/media/releases/2019/p0927-thc-vaping.html>

ICD-11 Foundation 2019, Vaping related disorder, viewed 2 October 2019, <https://icd.who.int/dev11/f/en#/http%3a%2f%2fid.who.int%2fid%2fentfity%2f1880731274>

**Published 16 December 2019, for implementation 01 January 2020."**



## A selection of Coding Queries

**Q1.** What code is assigned for administration of misoprostol to induce abortion/terminate pregnancy?

**A1. (Codes apply to 8<sup>th</sup> and 10<sup>th</sup> edition)**

Misoprostol is a prostaglandin E1 synthetic analogue that may be administered to induce abortion/terminate pregnancy. It is usually administered orally (e.g. buccally) following ingestion of mifepristone. Misoprostol causes softening and opening of the cervix, and uterine contractions (i.e. it induces labour)

ACS 1511 *Termination of pregnancy* states:

#### PROCEDURES FOR TERMINATION OF PREGNANCY

Termination of pregnancy may be performed by:

Extraction (e.g. dilation and curettage/evacuation (D&C/ D&E) or suction curettage). Assign an appropriate code from **[1265]** *Curettage and evacuation of uterus*.

Induction of labour. Assign a code from block **[1334]** *Medical or surgical induction of labour regardless of the duration of pregnancy* and outcome

Other methods (e.g. insertion of prostaglandin suppository). Code specific procedure(s) performed (see ACHI Alpha-betic Index).

Therefore, where Misoprostol is administered to induce labour for abortion/termination of pregnancy, assign 90465-01 **[1334]** *Medical induction of labour, prostaglandin* by following the Alphabetic Index:

#### Induction

- labour
- - medical (administration of pharmacological agent)
- - - prostaglandin 90465-01 **[1334]**

90465-01 Medical induction of labour, prostaglandin

**Q2.** Patient admitted for an angiogram for investigation of chest pain.

**Angiogram** reports no obstruction seen but documents *non-obstructive atheroma*.

**Consultant discharge letter says:** No evidence of obstructive coronary disease although there is minor plaque disease. She does not have any symptoms of a cardiac nature.

Should the principal diagnosis be coded to chest pain or atheroma?

**A2. (Apply to 8<sup>th</sup> and 10<sup>th</sup> edition)**

There is no link made by the clinician that the atheroma is the cause of the chest pain. In fact the clinician states that the patient 'does not have any symptoms of a cardiac nature'. In this case the atheroma is an incidental finding (as per ACS 0010 *General abstraction* guidelines) and does not meet criteria as per ACS 0001 *Principal Diagnosis* or ACS 0002 *Additional diagnosis* (was not treated).

The principal diagnosis for this case is the 'chest pain'

**Q3.** A patient is admitted with a fractured distal radius, procedure ORIF with bone graft putty. How do you code the bone graft putty?

**A3. (Codes apply to 8<sup>th</sup> and 10<sup>th</sup> edition)**

A graft putty is a bone graft substitute.

Following index:

**Injection** (around) (into) (of)

- bone

- - graft substitute (paste) — see *Graft/bone/specified site*

48224-00 Bone graft to radius or ulna

**Q4** If a patient is admitted for D & C and Hysteroscopy do you code both or just the D & C?

**A4 (Codes apply to 8<sup>th</sup> and 10<sup>th</sup> edition)**

There is no includes or excludes note at either of these codes to say not to code hysteroscopy when D & C performed. We suggest you code both.

35640-00 Dilation and curettage of uterus [D&C]

35630-00 Diagnostic hysteroscopy



# Cracking the Code



## A selection of Coding Queries

**Q5.** How do you code T-cell therapy?

**A5. (Codes apply to 8<sup>th</sup> and 10<sup>th</sup> edition)**

T-cells are a type of white blood cell that play an essential role in cell-mediated immunity.

T-cell therapy, also known as chimeric antigen receptor (CAR) T-cell therapy or adoptive cell transfer (ACT) immunotherapy, involves collecting T-cells via apheresis and genetically modifying them in a laboratory to produce chimeric antigen receptors (CARs) on their surface. CARs are proteins that allow T-cells to recognise a specific protein (antigen) on tumour cells.

When infused back into the patient's bloodstream, the reengineered CAR T-cells destroy tumour cells that contain the antigen on their surfaces. CAR T-cells may remain in the body long after the infusion has been completed, and may protect the patient against cancer recurrence, resulting in long-term remissions.

For collection of T-cells via apheresis, assign 13750-01 [1892] *Therapeutic leukopheresis* by following the Alphabetic Index:

**Leukopheresis, therapeutic** (leukocytapheresis) 13750-01 [1892]

For infusion of the reengineered CAR T-cells (T-cell therapy), assign 13706-04 [1893] *Administration of leukocytes* by following the Alphabetic Index:

**Administration** (around) (into) (local) (of) (therapeutic agent)

- type of agent

- - white cells (donor leukocytes) 13706-04 [1893]

13706-04 Administration of leukocytes

**Q6.** How do you code Mucinous borderline tumour, ovary?

**A6. (Codes apply to 8<sup>th</sup> and 10<sup>th</sup> edition)**

Mucinous borderline tumour ovary is also known as low malignant potential tumour ovary.

We suggest coding as follows:

**Tumour** (M8000/1)

- mucinous (of)

- - low malignant potential (M8472/1) D39.1

D39.1 Neoplasm of uncertain or unknown behaviour of female genital organs Ovary

**Q7.** How do you code DRESS Syndrome due to unknown drug?

**A7. (Codes apply to 8<sup>th</sup> and 10<sup>th</sup> edition)**

DRESS Syndrome is a drug rash with eosinophilia and systemic symptoms

We suggest you code as:

L27.0 Generalised skin eruption due to drugs and medications

D72.1 Eosinophilia

Y57.9 Drug or medicament, unspecified

**Q8.** How do you code Fracture of the sternum and ribs resulting from successful CPR?

**A8. (Codes apply to 8<sup>th</sup> and 10<sup>th</sup> edition)**

Skeletal chest injuries (e.g. fracture of rib(s) and/or sternum) are an unintentional event (misadventure) due to cardiopulmonary resuscitation (CPR). Some patients (e.g. the elderly) are more susceptible to incurring fractures as a result of CPR. While special training is required to learn correct techniques for CPR, it may be performed by medical or nonmedical persons, and either within or outside of a health facility.

Skeletal chest injuries secondary to CPR meet the definition of a procedural complication/misadventure as per ACS 1904 *Procedural complications*:

We suggest coding as follows:

M96.8 *Other postprocedural musculoskeletal disorders*

S22.2 *Fracture of Sternum*

S22.40 *Multiple Rib Fracture unspecified*

Y65.8 *Other specified unintentional events during surgical and medical care*

Y92.2x *Health service area (5th character different in 8th & 10th editions)*

U73.9 *Unspecified activity*

### Do you have a HIPE coding query?

Please email your query to: [hipecodingquery@hpo.ie](mailto: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](http://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](http://www.hpo.ie/training) or use the link below.

<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**

## Introduction to HIPE I

This one day course is for new HIPE Clinical Coders who have received and studied their *Starter Pack* Material, and completed the exercises within the Pack. The course will include an overview of HIPE, patient flow, the variables collected in HIPE, and an introduction to Medical terminology. This course must be completed in advance of **Introduction to HIPE II**. Follow-up exercises will be provided for completion on return to the Hospital.

**Date:** Wednesday, 29th January

**Time:** 10.00am – 5.00 pm

**Location:** HPO, Brunel Building

## Introduction to HIPE II

This is the follow-up course for new coders who have completed Intro to HIPE I. This will be an interactive training session delivered via WebEx, and will provide feedback on completed pre-course exercises. It will address queries from participants in relation to HIPE and their role, information and materials will be provided in preparation for Coding Skills I. **This course must be completed in advance of Coding Skills I**

**Date:** Thursday, 9th January

**Time:** 10.30am – 1.00 pm

**Location:** WebEx Only

**OR**

**Date:** Wednesday, 5th February

**Time:** 10.30am – 1.00 pm

**Location:** WebEx Only

## 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 11th and Wednesday, 12th January

**Time:** 10.00am – 5.00pm each day

**Location:** HPO, Brunel Building

## 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](mailto:info@hpo.ie)

## Coding Skills II

The **3 day 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, 24th to Thursday, 26th March

**Time:** 10.00am - 5.00pm each day.

**Location:** HPO, Brunel Building 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, 27th February

**Time:** 11.00am – 1.00pm

**Location:** HPO, Brunel Building & WebEx

### Anatomy & Physiology— Topic TBA

**Date:** Thursday, 27th February

**Time:** 2.00pm—4.00pm

**Location:** HPO, Brunel Building & WebEx

## Data Quality Session

This is an update on data quality activities and tools including The Portal, HCAT and Checker. This session will be repeated subject to demand.

**Date:** Thursday, 5th March

**Time:** 11.00am – 1.00 pm

**Location:** WebEx Only

## Same Day Endoscopies

There are very specific standards and guidelines in 10th edition 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, 11th March

**Time:** 10.30am – 1.00 pm

**Location:** WebEx Only

## Thought for Today

**There is a calmness to a life  
lived in gratitude, a quiet joy.**

Ralph Blum - Screenwriter

