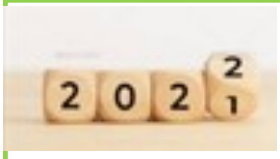
Coding Notes

Healthcare Pricing Office

No. 91
December 2021

Thank you.



Every year as we prepare this end of year *Coding Notes* we reflect on the past year and look forward to the future. We usually put a snappy end of year headline on this front page but this year all we can say is **Thank you**. Thank you all for keeping going, for keeping yourselves going and keeping HIPE going. We know so many of you are facing so many challenges during this time and your work with us is sincerely appreciated. The timeliness and quality of the HIPE data returned each month to the HPO has continued as always. See a summary of the 2020 HIPE report on pages 2-3.

HIPE data has once again been critically important in providing vital information on the activity across the hospitals nationwide and we thank all HIPE staff for their resilience and dedication to meeting deadlines and continuing to provide HIPE data.

As of 20th December HIPE reported 18,109 total discharges in 2021 for U07.1 (*Virus Identified*) and U07.2.(*Virus not identified).* This compares to 6,972 reported to HIPE up to the 11th December in 2020. An increase in hospital discharges of over 61%. We know there are many more to come but we can try to be hopeful that with vaccines and boosters some control will emerge in 2022.

This end of year edition is as always filled with information for the new year for HIPE staff and we hope you find it useful and informative. There is information on the 2022 changes to HIPE throughout this edition.

There are several articles relating to coding COVID-19. There is information on page 2 on coding Hospital Acquired COVID-19. Page 3 continues with the COVID-19 coding advice with an item on 'Symptoms and Condition codes used with COVID -19 codes' in HIPE. There is also a 'Cracking The COVID-19 Code' on page 17 answering some of the queries received by the HPO on COVID-19 recently.

The HPO education team provide an update on their recent activities and plans for 2022 plus the back page has some additional information. There is also a section on queries submitted for the Obstetric Workshop held in September. In addition there is a coding article on ACS 0303 *Abnormal coagulation profile due to anticoagulants* on page 8 and information on a HIQA data quality initiative (page 6).

Once again, we face into a new year of uncertainty but please be assured that the HPO appreciate all you do and will continue to support you in any way we can. Thank you again.

We wish you all a peaceful and restful Christmas and a very healthy and happy 2022. We will leave you with the wise old saying:

This Too Shall Pass.

Inside This Issue

Activity in Acute Public Hospitals in Ireland, 2020 Annual Report

The latest HIPE Annual Report presents information on coded discharges from 53 Irish acute public hospitals participating in HIPE in 2020. This analysis must take into account that from the first quarter of 2020, COVID-19 had a substantial impact on the ability of hospitals to deliver their normal level of services. The availability, reliability and coverage of the HIPE dataset during this pandemic was, and continues to be, of national and international importance.

Main findings of the 2020 Report

Total Discharges

- Almost 1.5 million discharges were reported by participating hospitals in 2020.
- Day patients accounted for 62.0 per cent of total discharges, a decrease of 17.0 per cent since 2019.
- In-patients accounted for 38.0 per cent of total discharges, a decrease of 12.4 per cent since 2019.
- Over the period 2016–2020, the number of elective in-patient discharges decreased by 24.5 per cent, maternity in-patients decreased by 15.5 per cent, while emergency in-patients decreased by 7.6 per cent.
- Over 87 per cent of total discharges were treated on a public basis. Private patients accounted for 13.7 per cent of total discharges.

Length of Stay

- In-patient discharges stayed on average 5.7 days in 2016 which has increased to 5.8 days in 2020, an increase of 1.8 per cent. The median has remained constant at 2 days over the period.
- Over the period 2016–2020, the average length of stay remained relatively constant for emergency in-patients at 6.3 days, increased for elective in-patients from 6.9 days to 7.4 days, and decreased for maternity in-patients from 2.7 days to 2.4 days over the same period.

Figure 1 provides details of the admission type for total discharges as reported to HIPE for 2016-2020

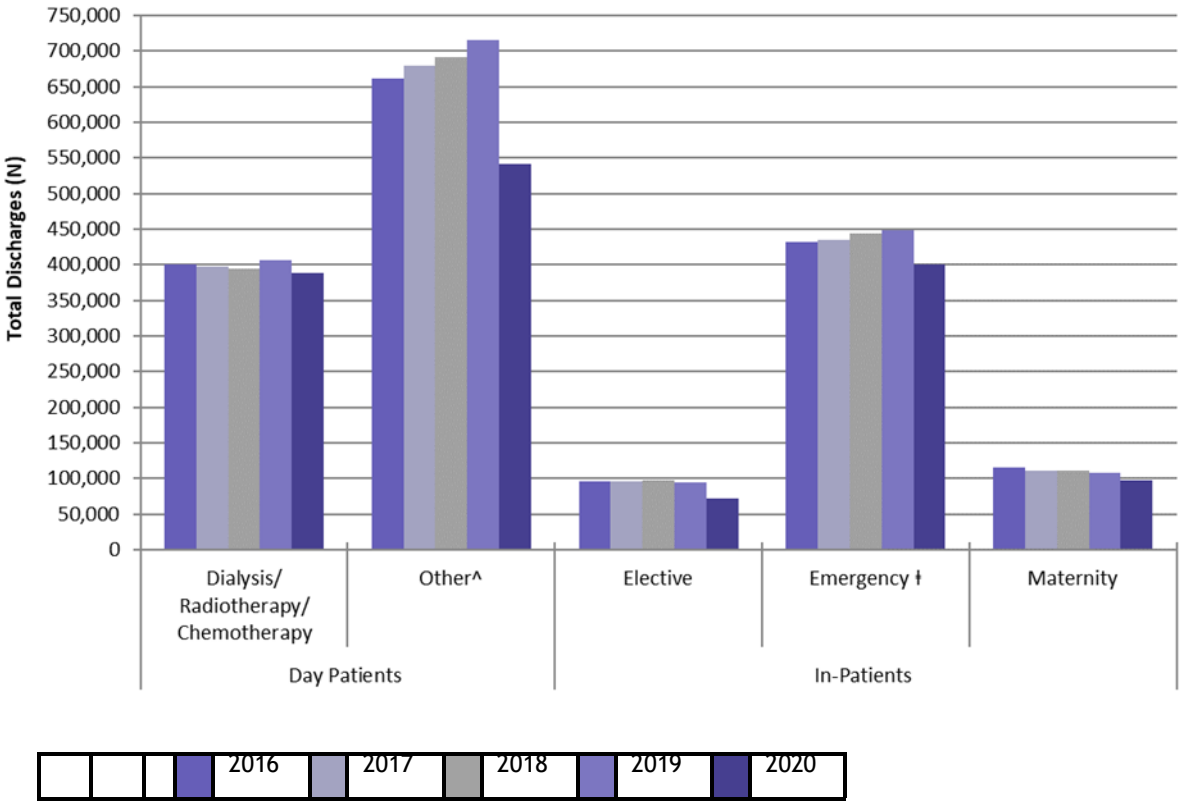


Figure 1: Admission type for total discharges as reported to HIPE for 2016-2020

Annex 2020

The report annex is designed to highlight particular topics of interest that merit further analysis. This year's topic of interest is a discussion and analysis of Novel Coronavirus 2019 (COVID-19) admissions in 2020.

- A total of 9,164 COVID-19 admissions occurred in 2020 with an average length of stay of 19.7 days.
- Just over 12 per cent of total admissions had a stay in ICU. Admissions with an ICU stay had an average length of stay of 34.1 days compared to 17.7 days for admissions without an ICU stay.
- 15.3 per cent of total admissions died in hospital. Of these 60 per cent were male, 40 per cent were female.
- 81.9 per cent of COVID-19 admissions were from home. 70.1 per cent of these were discharged back home.

Hospital Acquired COVID-19

As per *ICS 0048 Hospital acquired diagnosis (HADx),* the flag is a means of differentiating those conditions which arise during, from those *arising before*, an admitted patient episode of care. These guidelines also apply to the assignment of a HADx flag to hospital acquired COVID-19 cases.

It can take almost a week after exposure to COVID-19 to have a positive test result. This is because it can take time for the virus to show up in the body system. For this reason it must be clearly documented that the patient has hospital acquired COVID-19 or evidence of being epidemiologically linked to hospital exposure.

If in doubt please do not assume a condition is hospital acquired. This must be clearly documented before the HADx flag is used.

Example 1

Patient admitted with abdominal pain and gallstones diagnosed. The patient had no symptoms of COVID-19 and it was not suspected on admission. A routine COVID test was performed in A/E which came back as negative. On day 2 a repeat routine COVID test was performed and patient was confirmed as COVID-19 positive on lab result.

Code as follows:

K80.20 Calculus of gallbladder without cholecystitis, without mention of obstruction

B34.2 Coronavirus infection, unspecified site

U07.1 Emergency use of U07.1 [COVID-19, virus identified]

A HADx flag is not assigned to COVID-19 as it is unclear if this arose during or prior to the admitted episode of care, see ICS 0048 Example 12.

Example 2

An elderly female was admitted for treatment of a cerebral infarction. On day 8 the patient developed a new cough and fever. A COVID-19 test was performed which returned as positive. She was a close contact of a confirmed COVID-19 case in the hospital and clinicians confirmed this as hospital acquired COVID-19.

I63.9 Cerebral infarction, unspecified

R05 Cough **HADx**

R50.9 Fever, unspecified **HADx**

B97.2 Coronavirus as the cause of diseases classified to other chapters **HADx**

U07.1 Emergency use of U07.1 [COVID-19, virus identified] **HADx**

A HADx flag is assigned as COVID-19 is clearly documented as hospital acquired.

Symptom/Condition codes with COVID-19 codes

Following the guidelines set out in ICS 22X2 *Novel coronavirus (COVID-19)* where a patient presents with symptoms or a COVID-19 condition, these are coded along with appropriate COVID-19 codes. The coding standard directs coders to code first the symptoms/conditions of COVID-19 followed by the relevant specific COVID-19 codes. Through our continuous reviews of the coded COVID-19 data the HPO have noted varying methods of sequencing these codes particularly where the patient has other conditions on the same episode. The following advice provides guidance for coders on the sequencing of codes for discharges with COVID-19.

Although not explicitly directed by the standard the HPO would expect that for COVID-19 the condition or symptom related to COVID-19 is sequenced first followed directly by the appropriate COVID-19 codes. This is the same principle as for other conditions and injuries that require more than one code – the relevant codes for the condition are sequenced together.

Example 1: A patient presents to hospital with cough and shortness of breath, and is diagnosed with pneumonia and lab confirmed COVID-19. They spend 10 days in hospital and develop a hospital acquired UTI and are seen by the endocrine team for their type 2 DM.

Incorrect way of sequencing		Correct way of sequencing	
J12.8	*Other viral pneumonia*	J12.8	*Other viral pneumonia*
N39.0	*Urinary tract infection, site not specified HADx*	B97.2	*Coronavirus as the cause of diseases classified to other chapters to identify the infectious agent*
E11.9	*Type 2 diabetes mellitus without complication*	U07.1	*Emergency use of U07.1 (COVID-19, virus identified)*
B97.2	*Coronavirus as the cause of diseases classified to other chapters to identify the infectious agent*	N39.0	*Urinary tract infection, site not specified* **HADx**
U07.1	*Emergency use of U07.1 (COVID-19, virus identified)*	*E11.9*	*Type 2 diabetes mellitus without complication*
		The COVID-19 flag will also be assigned	

Example 2: A patient presents to hospital with urinary frequency and lower pelvic pain, and diagnosed with a UTI. They spend 15 days in hospital and develop cough and SOB. They are diagnosed with lab confirmed COVID-19 acquired after admission due to an outbreak in the ward. While in hospital the patient is also seen by the endocrine team for their type 2 DM.

Incorrect way of sequencing		Correct way of sequencing	
N39.0	*Urinary tract infection, site not specified*	N39.0	*Urinary tract infection, site not specified*
B97.2	*Coronavirus as the cause of diseases classified to other chapters to identify the infectious agent HADx*	R05	*Cough* **HADx**
U07.1	*Emergency use of U07.1 (COVID-19, virus Identified) HADx*	R06.0	*Dyspnoea* **HADx**
R05	*Cough HADx*	B97.2	*Coronavirus as the cause of diseases classified to other chapters to identify the infectious agent* **HADx**
R06.0	*Dyspnoea HADx*	U07.1	*Emergency use of U07.1 (COVID-19, virus identified)* **HADx**
E11.9	*Type 2 diabetes mellitus without complication*	E11.9	*Type 2 diabetes mellitus without complication*
		The COVID-19 flag will also be assigned	

Irish Coding Standards (ICS) 2022 V1

Irish Coding Standards 2022 V1 provides guidelines for the collection of HIPE data for all discharges from January 1st 2022 using the HIPE Portal Software, 10th edition ICD/10/AM/ACHI /ACS and the 2022 HIPE instruction Manual. The following is a summary of the main changes to the Irish Coding Standards for 2022 for each of the three sections:

General - Front cover, table of contents and preface updated

Section 1 - Valid HIPE Activity

- HIPE Coding deadlines updated for 2022

Section 2 - HIPE Guidelines for administrative data

- Item XIII Discharge Mode has been added to provide guidance for coders on the collection of the new "Discharge Mode" variable
- Item XIV Specialist Palliative Care has been added to provide guidance on the collection of this variable and also refers coders to ICS 2116 *Palliative Care* for details.

Section 3 - Coding Standards

ICS 0048 *Hospital Acquired Diagnosis Indicator* has been updated to include advice on the assignment of the HADx flag for the codes in category Z53 *Persons encountering health services for specific procedures not carried out*

ICS1404 *Admission for Kidney Dialysis* has been updated to include a note on the volume of dialysis captured by HIPE for inpatients as the procedure code is recorded once per episode even if performed multiple times.

ICS 2116 *Palliative Care* has been updated to include advice on the new variable to capture specialist palliative care team involvement in a case. While this is an administrative variable it is appropriate to include this advice within the existing Palliative Care standard for ease of reference.

Appendix A

Summary of changes: Updates to ICS 2022

The Irish Coding Standards for 2022 will be issued to all hospitals and will be available on the HPO website www.hpo.ie. A hard copy will also be distributed to each hospital for reference and the version will also be incorporated into the IEbook.

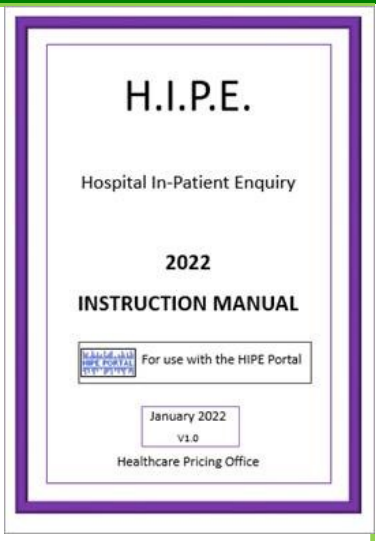
Coding Notes Index Updated

The *Coding Notes* Index has now been updated and includes references for *Coding Notes* articles up to September 2021. The index will be available on the HPO website and will also be available in the IEbook. The Index includes information from previous years and versions of the classification as a resource for HIPE coders and please ensure that any advice used applies to the year and classification being coded.

The Index to *Coding Notes* is in two sections – the first section relates to clinical coding and the second relates to HIPE variables and the HIPE system. Please ensure that all coders, particularly new coders, are aware of this resource. All previous editions of *Coding Notes* are available in the **Find It Fast** section of the HPO website and are also available in the *Coding Notes* section of the IEbook.

2022 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 staff are familiar with the changes that occur each year. All editions of the HIPE Instruction Manual are available on the HPO website (www.HPO.ie). A summary of the changes in the 2022 HIPE Instruction Manual are listed below.



Main Changes For 2022

Discharge Mode:

A new variable "Discharge Mode" will identify the type of post-acute care a patient moves to following their discharge from acute care if applicable to a case. The Discharge Mode is collected manually by HIPE staff and complements the existing discharge destination code.

Specialist Palliative Care Flag

A new variable will be collected to identify specialist palliative care team involvement in a case. This is an administrative variable and there is no change to the coding or guidance for Z51.5 *Palliative care.*

Access to care

The "Type of Waiting List" variable will be amended to allow for the collection of an additional option indicating the patient is funded through the *Access To Care* programme where appropriate. The HPO are awaiting further guidance on the application of this option and until this guidance is in place this option will only be used if *Access to Care* is clearly indicated in the patient's healthcare record.

New Hospital Transfer code for CHI at Tallaght University Hospital

A new hospital transfer code for Children's Health Ireland (CHI) at Tallaght University Hospital (TUH) will be added to identify patients transferred to or from CHI at Tallaght. The new transfer code for CHI at Tallaght is 0992 where a patient is transferred to or from CHI at Tallaght. The existing transfer code for Tallaght University Hospital (1270) will continue to be used if the patient is transferred to or from TUH.

Consultant Specialty code 2003 for Oral and Maxillofacial Surgery

There will be a change to the specialty code list with the removal of the specialty code 7001 Oral Surgery and the renaming of existing specialty code 2003 to Oral & Maxillofacial Surgery (OFMS).

Regular updates:

⇒ Front cover and colour updated for 2022

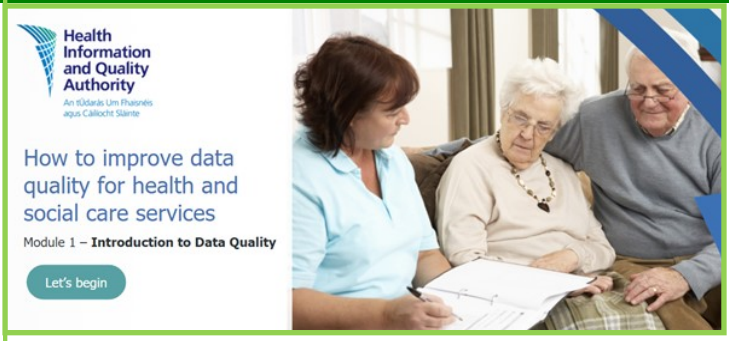
⇒ HIPE Summary sheet updated for 2022

⇒ List of 2022 dates for download and export added.

The 2022 HIPE Instruction Manual will be issued to all HIPE departments by e-mail along with a note on the changes. A hard copy will also be posted to each hospital for reference.

The 2022 HIPE Instruction Manual will also be available on the HPO website.

HIQA launches online learning module to promote high-quality data



The Health Information and Quality Authority (HIQA) has launched an updated online learning module on data quality for all staff working in health and social care services and organisations.

The module, on an **Introduction to Data Quality**, is the first part of an online learning course on *How to improve data quality for health and social care services*.
The module highlights the importance of high-quality data and explains how everyone working in health and social care has a role to play in driving improvements in the quality of data in their service. It also emphasises how data can impact on the quality and safety of care of people who use health and social care services, and as such good quality data must be assured.

Rachel Flynn, HIQA's Director of Health Information and Standards, said: "High-quality data is the cornerstone of good planning and decision-making in health and social care services and is something that all those who work in these areas can contribute to in their day-to-day work.

"HIQA has developed this online learning course to help improve knowledge and skills among people working in health and social care services and to support them to improve the quality of data in their service. We hope that these online learning modules will assist staff and organisations to produce accurate, relevant and timely data which in turn will drive improvements in decision-making, disease monitoring, service planning, policy-making, research, and planning for future health and social care needs, both at local and national level."

The second module in this course is on **Developing a data quality framework** and will be launched in the coming weeks. HIQA has also developed a video animation about the importance of high-quality data in health and social care services.

Accessing the on line training:

- The course is available for HSE health and social care staff on the HSELanD website, in the course catalogue 'Health & Social Care Professionals', where a certificate of completion can be completed.

- HSELand Look up: Select **Course Catalogues**,
  - select **Profession or Unit**,
  — select **Health and Social Care professionals**,
  ——select **HIQA**
  ———select **Introduction to Data Quality**

or
Search for "**HIQA Data Quality**" on the HSELand front page.

- The module and the animation are also available on HIQA's website www.HIQA.ie under the Data Quality tab.

The Five Dimensions of Data Quality

Source: Guidance on a data quality framework for health and social care. HIQA 2018. page 25

Source: HIQA Press Release: Date of publication: Thursday, 25 November, 2021
See: https://www.hiqa.ie/hiqa-news-updates/hiqa-launches-online-learning-module-promote-high-quality-data-health-and-social

HIPE Review 2022

Questionnaire closing date extended to 7th January 2022!

HIPE Review & Statement of Purpose for HIPE.

In early November the HPO sent out a discussion paper and link to a questionnaire to over 600 staff across all sections of the health service. We have continued to send out the email as we get further suggestions of interested staff and encourage everyone to forward on the email to individuals who may want to respond. We have extended the questionnaire deadline to 7th January to get as much feedback as we can on the future of HIPE from as wide as possible an audience. To date we have received 170 responses with almost 60% coming from HIPE staff across the country. Initial themes emerging are clinician engagement, Individual Health Identifier, Electronic Health care records and resourcing the HIPE function. Thanks very much to everyone who has responded. We will send additional reminders to ensure we get a good response from across the system to inform this important project.

Excerpt from the HIPE Review:

HIPE has been in existence for almost fifty years and, as new healthcare models are emerging, it is timely to review where HIPE is positioned in terms of providing meaningful and relevant healthcare activity data. In addition, there is a huge expansion in health information technology, collection and reporting across all of healthcare. In HIQA's *review of information management practices in the HIPE scheme* (October 2018) there is a recommendation that the HPO should publish a *statement of purpose* to promote transparency by informing the public and those who use the data about this national data collection. In particular, the 'statement of purpose' can be considered as a timely review on the use of HIPE and how HIPE can be developed to meet the challenges of a changing and increasingly wide-ranging healthcare system. The Sláintecare *Implementation Strategy* (Department of Health 2017) aims to develop and modernise the acute care system to address current capacity challenges and increase integration between the hospital sector and community-based care. In addition, to address capacity issues due to COVID-19, private hospitals are being used by the HSE to support the public system. As HIPE currently does not operate in any private hospital site, this leaves a serious gap in the collection of publically funded hospital activity data. HIPE therefore needs to have the capacity to develop, react to change and be flexible to ensure all appropriate patient care activity is collected.

Final Dates for Download and Export in 2022*

Month End	Date of Export
End of January 2022	Thursday 3 February 2022
End of February 2022	Thursday 3 March 2022
End of March 2022	Tuesday 5 April 2022
End of April 2022	Thursday 5 May 2022
End of May 2022	Friday 3 June 2022
End of June 2022	Tuesday 5 July 2022
End of July 2022	Thursday 4 August 2022
End of August 2022	Monday 5 September 2022
End of September 2022	Wednesday 5 October 2022
End of October 2022	Thursday 3 November 2022
End of November 2022	Monday 5 December 2022
End of December 2022	Thursday 5 January 2023
End of January 2023	Friday 3 February 2023

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

ACS 0303 Abnormal coagulation profile due to anticoagulants

There were significant changes to this standard in 10th edition with an additional code of R79.83 *Abnormal coagulation profile*. Codes should be assigned following the guidelines in the classification:

Monitoring of anticoagulants: If a patient on long term anticoagulants requires monitoring during their stay and the INR level is within the target range assign ***Z92.1 Personal history of long term (current) use of anticoagulants*** as an additional diagnosis.

INR outside therapeutic range: If the INR is outside therapeutic range such as supratherapeutic or subtherapeutic and no bleeding occurs, assign the new code of ***R79.83 Abnormal coagulation profile*** **with external cause codes for adverse effects.**

Note: This may also be documented as high INR, overwarfarinisation, prolonged or abnormal bleeding time.

Bleeding: If bleeding occurs due to anticoagulant use, assign ***D68.3 Haemorrhagic disorder due to circulating anticoagulants*** **with external cause codes**. There must be documentation in the clinical record of a causal relationship between the bleeding and the use of anticoagulant to assign this code.

EXAMPLE 1

Patient was admitted for bridging Clexane and INR monitoring after presenting to his GP with subtherapeutic INR. The patient was on long term warfarin therapy post mechanical heart valve replacement.

Codes:

R79.83 Abnormal coagulation profile
Y44.2 Anticoagulants causing adverse effects in therapeutic use
Z95.2 Presence of prosthetic heart valve

In this example **R79.83** is assigned as INR is outside of patient's normal therapeutic range, subtherapeutic.

A place of occurrence code is not required for adverse effects. See ICS 1902 *Adverse Effects.*

EXAMPLE 2

Patient admitted with epistaxis due to long term warfarin use.

Codes:

R04.0 Epistaxis
D68.3 Haemorrhagic disorder due to circulating anticoagulants
Y44.2 Anticoagulants causing adverse effects in therapeutic use

In this example, D68.3 Haemorrhagic disorder due to circulating anticoagulants is assigned as there is a clearly documented causal relationship between the bleeding and the use of warfarin.

A place of occurrence code is not required for adverse effects. See ICS 1902 *Adverse Effects.*

Please refer to ACS 0303 *Abnormal coagulation profile due to anticoagulants* for more examples.

Discharge Mode

For cases discharged from 01/01/2022, HIPE will collect the Discharge Mode where applicable. This information will provide further information on a patient's discharge than currently covered in the Discharge Code.

- The existing Discharge Code identifies **WHERE** the patient was discharged to.
- The new Discharge Mode will indicate **WHY** the patient was transferred to a healthcare facility.

The Discharge Mode indicates the type of post-acute care to be received by the patient following their discharge from their acute episode of care (i.e. the end of their inpatient or daycase stay) if applicable to a case. The Discharge Mode will only be collected for patients when the patient is being transferred to another healthcare facility (hospital etc.) for additional care and, as a result, is not collected for every Discharge Code.

Discharge Mode Options

1 Acute Care
2 Rehabilitation Care
3 Palliative Care
4 Convalescence/Step Down Care
5 Long Term/Nursing Care
6 General Psychiatric Care
7 Other Care
9 Unspecified/Unknown Care

Full definitions are available in the 2022 HIPE Instruction Manual.

Note: Where the user chooses "7) Other Care", they will be asked to identify the type of care in a free text box. This information will be used to monitor if the options are complete. The HPO will monitor the Discharge Modes used and review the options if required.

Edits will be added to the HIPE Portal to ensure that valid discharge modes are used for each discharge code as appropriate.

Palliative Care Flag

For cases discharged from 01/01/2022, a new field capturing if the specialist palliative care team attended a patient during the episode will be collected. The values for this field are listed below:

Palliative Care	Description
0	No
1	Yes

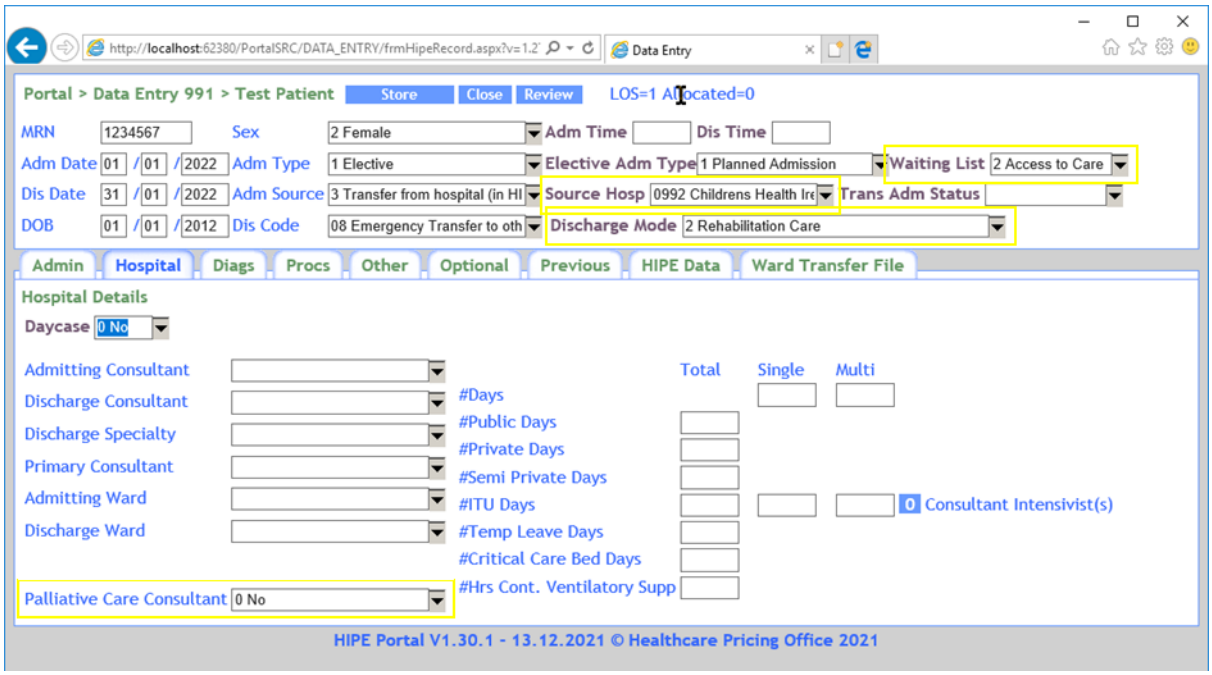
The default value for this field is 'No' i.e. that the specialist palliative care team did not attend the patient. Therefore no action is required unless the patient is seen by the specialist palliative care team, then the coder will enter '1' Yes.

The purpose of collecting this information is to identify where specialist palliative care is being administered by the palliative care team rather than other medical practitioners.

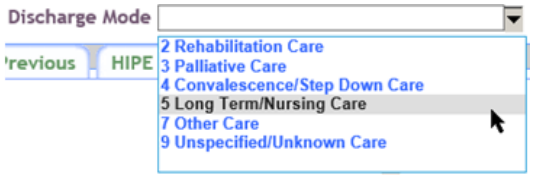
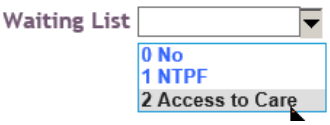
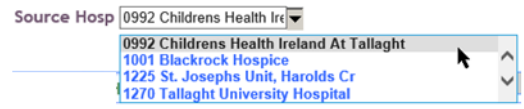
The recording of the palliative care flag has no impact on the coding or use of the code *Z51.5 Palliative Care*. Please continue to apply this code as always. The coding standards *ACS 2116*, *ICS 2116* and *ACS 0050* continue to apply in the coding of palliative care.

Changes to the HIPE Portal for 2022

The HIPE portal screen will be changed as a result of the changes to HIPE data collection for 2022. The overall changes are shown below



For each change, the details are in the table below.

Discharge Mode The Discharge Mode indicates the type of post-acute care to be received by the patient following their discharge from their acute episode of care (i.e. the end of their inpatient or day case stay) if applicable to a case.	
Palliative Care Flag The Palliative Care Flag is captured if the specialist palliative care team attends a patient during the episode.	
Access to Care The waiting list category of *Access to Care* has been added to the waiting list categories.	
CHI at Tallaght The CHI at Tallaght facility has been added to the transfer in and transfer out hospital lists.	
Specialty Code Change The specialty code of *7001 Oral Surgery* is no longer valid and replaced by *2003 Oral & Maxillofacial surgery (OMFS)*.	In progress.

Introduction to Obstetrics course
Queries Submitted

An *Introduction to Obstetrics* course was held on 30th September 2021 and 49 HIPE coders joined the course virtually. This course provided new coders with a foundation in obstetric coding and provided experienced coders with a refresher in the area. A selection of queries submitted during the course is provided below. As a follow up to this course an **Intermediate Obstetrics course** will be delivered via Zoom on **Thursday 13th January, 2022.** Please see the back page for details.

A selection of coding queries submitted during the course

Q. What diagnoses and intervention codes are assigned when a delivery is assisted by McRoberts manoeuvre and vacuum/ forceps? Do we assign one diagnosis delivery code or two (O83 *Other assisted single delivery* & O81 *Single delivery by forceps and vacuum extractor*) as there will be 2 intervention codes?

HPO response:

Note: McRoberts manoeuvre is performed for shoulder dystocia (sometimes documented as 'impacted' or 'difficult' shoulders). Delivery of the shoulders is facilitated by flexing the mother's hips to increase the pelvic diameter. Clinical advice confirms that when this manoeuvre is performed during delivery assign O83 *Other assisted single delivery*. Shoulder dystocia must be documented before assigning O66.0 *Labour and delivery affected by shoulder dystocia*, as this technique is sometimes employed prophylactically in anticipation of a potential shoulder dystocia. (Source: Coding Rules. *Ref No: TN184 | Published On: 15-Oct-2010 | Status: Retired | Retired On: 01-Jul-2019)*

When it comes to selecting the correct delivery diagnosis code in a delivery episode of care, it is the method that is used for the eventual **delivery** of the baby that determines which diagnosis code is assigned. Other procedures, e.g. forceps rotation of the foetal head (not resulting in delivery) or a failed attempt at a forceps or vacuum assisted delivery, may be captured as intervention codes.

However, in the case where a single baby is **delivered** either by using vacuum/forceps or by caesarean **and** a McRoberts manoeuvre, or any other form of version/ rotation, the delivery code will be either:

O81 *Single delivery by forceps and vacuum extractor* or **O82** *Single delivery by caesarean section* as there is a note at **O83** *Other assisted delivery* to state that this code

"Excludes: single delivery:
- by caesarean **(O82)**
- using forceps and vacuum extractor **(O81)**"

There is also a note at the end of **ACS 1505** *Delivery and assisted delivery codes*:
"When ACHI codes for failed delivery procedures are assigned (e.g. failed forceps/vacuum extraction/version), assign appropriate ICD-10-AM codes for assisted delivery, unless the delivery proceeds to forceps or vacuum extraction, or caesarean section. Assign additional ACHI codes, as appropriate, for interventions performed during labour and delivery (e.g. episiotomy)."

For **multiple births** using a variety of methods to deliver the babies, use
O84.82 *Multiple delivery by combination of methods* and assign all the appropriate ACHI codes from blocks [1336]-[1340] to capture all the procedures used to deliver and to assist the deliveries.

Remember- for the Delivery episode of care

- 1 code only from O80-O84 *Delivery* can be assigned on the HIPE record
- Z37.- *Outcome of delivery* code must also be assigned
- Additional diagnoses codes can be assigned as appropriate
- Assign ACHI code(s) from [1336] – [1340] *Delivery procedures* or other procedure(s) to assist delivery, as appropriate

Please note that the examples on page 14 do not include administration of anaesthesia. Assign codes for anaesthesia as per the classification guidelines in ACS 0031 *Anaesthesia*, as appropriate.

Introduction to Obstetrics course
Queries Submitted Continued

Example 1

Patient admitted in labour to the delivery suite, during labour fetal head rotation via forceps was performed. Single live baby was delivered via McRoberts manoeuvre.

Diagnoses codes:

O83 *Other assisted single delivery*

Z37.0 *Single livebirth*

Procedure codes:

90477-00 [1343] *Other procedures to assist delivery*

*Look up **Delivery***

- Assist procedure (McRoberts manoeuvre) NEC)

90468-03 [1337] *Forceps rotation of foetal head*

*Look up **Rotation***

- Fetal Head, forceps.

Example 2

Patient admitted in labour to the delivery suite. Fetal head was delivered via forceps followed by delivery of the shoulder and arms of a single live male via McRoberts manoeuvre.

Diagnoses codes:

O81 *Single delivery by forceps and vacuum extraction*

Z37.0 *Single livebirth*

Procedure codes:

90468-06 [1337] *Forceps delivery, unspecified*

Look up **Delivery**

- Forceps NEC

90477-00 [1343] *Other procedures to assist delivery.*

*Look up **Delivery***

- Assist procedure (McRoberts manoeuvre) NEC)

Example 3

Full term twins - twin 1 delivered by spontaneous vertex delivery, twin 2 delivered vaginally following breech extraction.

Diagnoses codes:

O84.82 *Multiple delivery by combination of methods*

O30.0 *Twin pregnancy*

O64.1 *Labour and delivery affected by breech presentation*

Z37.2 *Twins, both liveborn*

Procedure codes:

90470-03 [1339] *Breech extraction*

Look up **Delivery**

- Breech extraction.

90467-00 [1336] *Spontaneous vertex delivery*

Look up **Delivery** (spontaneous) (vertex)

HIPE Clinical Coder Education Programme

2021 was another busy year for the HIPE Education Team at the HPO. All courses were delivered remotely due to COVID-19 associated restrictions. This was challenging for the HPO Education Team and for coders who would prefer to have the option to attend some courses in person, meet with colleagues from other hospitals and share experiences and ideas. On top of these restrictions all courses had to be rescheduled from May onwards following the cyberattack. Despite all of these challenges, a total of **57 courses** were delivered with **778 participants**.
Thanks to all the coders who have continued their HIPE education during these challenging times.

Developments in HIPE Education for new coders

When a new coder joins a HIPE department, in addition to the training and mentoring that they receive at the hospital they will typically participate in up to 20 training courses within the first year. It is always a challenge for hospital HIPE departments and the HPO to align recruitment of new coders with the HPO HIPE education programme. To address this a 'Beginners' Bundle' in in place to support all new coders.

Beginners' Bundle

To ensure that no time is lost from when a new coder takes up their post and commencement in the HPO HIPE Education Programme, the HPO issue a ***Starter Pack***. In addition coders are now provided with a pre-recorded ***Brief Introduction to HIPE and Clinical Coding*** and **8** pre-recorded **Anatomy & Physiology lectures.** We are delighted to announce that an additional **3** pre-recorded A&P lectures will be made available in early 2022 and details will be dispatched as soon as possible.

A special thank you to the **24 new HIPE clinical coders** who joined the HIPE system over the past year and have undertaken all of their HIPE training to date remotely. We look forward to meeting you face to face in the future.

TU Dublin Certificate in Clinical Coding course completed 2021

Congratulations to the class of 2021 who completed the course. This was a fantastic achievement for these students who faced many challenges associated with COVID-19 and just as they had completed module 1 the cyber-attack on the HSE IT systems hit. With the support of our colleagues at TU Dublin and the determination of the students Module 2 was rescheduled and completed. Well done to all.

TU Dublin Certificate in Clinical Coding 2022

The next TU Dublin certificate in clinical coding course will commence in **January 2022**. 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. Closing date for completed applications is **Friday 14th January 2022.** An email with further details was dispatched to all clinical coders in December. Please note that even if you have applied before you must reapply to be eligible for consideration for this course.

The 2022 HIPE Training Calendar

The 2022 HIPE Training Calendar is available at www.hpo.ie and a hard copy will be dispatched to hospitals in January. All training courses will continue to be delivered remotely until it is safe to return to the classroom, and we look forward to seeing you when this is possible. Further developments in HIPE training will be announced in the new year so please keep an eye out for these.

The HPO Education Team would like to thank you for participating in training throughout 2021. We wish you and your families a very happy Christmas and best wishes for 2022.

Cracking the Code

A selection of Coding Queries

Q. What codes are required for an inpatient who develops steroid induced psychosis?

A. Please refer to the guidance in Coding Rule Q3144 | Published On: 15-Sep-2017

Delirium due to opioids which relates to a similar coding scenario and there are 3 coding approaches for this type of condition depending on whether the psychosis is as a result of 1) poisoning by steroids; 2)adverse effect of steroids or 3) where there is no information available.

Adverse effects of correct substances properly administered are classified according to the nature of the adverse effect and should follow the guidance in ACS 1902. If this is an adverse effect of steroids as the patient is an inpatient assign the following codes:

F29 *Unspecified nonorganic psychosis*
Y42.7 *Androgens and anabolic congeners (adverse effect in therapeutic use)*

A place of occurrence is not required as ICS 1902 Adverse effects of drugs takes precedence.

If the steroid induced psychosis arose after admission the HADx flag will be assigned to both codes.

Q. A patient had a spinal cord injury 45 years ago, so there are no specific details regarding their injury, except they are paraplegic following a spinal injury from a work related accident. What T code is assigned?

A. The fact that there is documentation stating the paraplegia was due to an accident is enough to out rule other conditions which may cause paraplegia. Therefore in this case we can assign the code for the paraplegia followed by T91.3 Sequelae of injury of spinal cord, the injury is due to an accident. The external cause code Y86 Sequelae of other accidents is also assigned where there is no other information along with a code from Y92 for place of occurrence – please also refer to ACS 1915 Spinal injury – see section on "subsequent phase" and example 3.

Q. A patient is admitted for investigation of progression of Gorham Stout Disease. What code is assigned?

A. Gorham-Stout disease (GSD), which is also known as Vanishing Bone Disease, Disappearing Bone Disease, Massive Osteolysis, and several other terms in the medical literature, is a rare bone disorder characterized by progressive bone loss (osteolysis) and the overgrowth (proliferation) of lymphatic vessels Source: National Organization for Rare Disorders (NORD) https://rarediseases.org/rare-diseases/gorham-stout-disease/

If the disease is affecting multiple sites assign M89.50 *Osteolysis, multiple sites*

Q. What is the code for Differentiation syndrome?

A. Differentiation syndrome is "A serious side effect that may occur in patients with acute promyelocytic leukaemia or other types of acute myeloid leukaemia who have been treated with certain types of anticancer drugs. Differentiation syndrome usually occurs within 1 to 2 weeks after starting treatment, but it can occur later. It is caused by a large, rapid release of cytokines (immune substances) from leukaemia cells that are affected by the anticancer drugs." Source: National Cancer Institute (USA), Dictionary of Cancer Terms see https://www.cancer.gov/publications/dictionaries/cancer-terms/expand/D

There is no specific code in ICD-10-AM for this type of syndrome. In the absence of a specific code for this syndrome please follow the guidelines set out in ACS 0005 Syndromes and code out the manifestations. Also code if the patient has a neoplasm.

Q. What is the procedure code for radio frequency ablation of an anal fistula tract?

A: When looking up the alphabetic index of procedures the term "Radiofrequency Ablation" directs you to "Ablation" however there is no site relevant to this query as a sub-term. Therefore, follow the instruction at the main term "Ablation" which states "see also Destruction/by site" which also includes the non-essential modifier 'Ablation & Radiofrequency'. Following this index and in the absence of a specific intervention code we would advise the following look up;

Ablation - see also Destruction/by site
Destruction (ablation) (cauterisation) (coagulation) (cryotherapy) (diathermy) (HIFUS) (irreversible electroporation) (laser) (microwave) (radiofrequency) (thermotherapy)
- lesion (tissue) (tumour)
- - anus (open) 90315-01 [933]

Assign 90315-01 [933] *Excision of other lesion or tissue of anus* for radiofrequency ablation of anal fistula tract.

Cracking the Code

A selection of Coding Queries

Q. We had an instance where a consultant was called away and could not attend theatre. The patients were admitted and checks completed by nursing staff. Should these patients be deleted from iPIMS or should they be coded as procedure not done?

A. As the patients were admitted please code these episodes on HIPE and follow the guidance in ACS 0011 *Admission for surgery not performed.*

Q. What is the look up for VBAC (vaginal birth after caesarean)?

A. The look up for VBAC is:

Pregnancy (single) (uterine) - see also condition/in pregnancy

- complicated by

- - previous - see also Pregnancy/supervision/previous

- - - caesarean section O34.2

- - - - proceeding to vaginal delivery O75.7

Q. A delivery is complicated by cord wrapped tightly around neck of infant. Is the HADx flag assigned for code O69.8 *Labour and delivery complicated by other cord complications,*

A. Yes, assign HADx indicator to code O69.8 *Labour and delivery complicated by other cord complications,* when coding this case (please also refer to ICS 0048 *Hospital Acquired Diagnosis (HADX) Indicator*, example 3.)

Q. What is the code for DRESS reaction due to Carbamazepine?

A. DRESS Syndrome is Drug Rash with Eosinophilia and Systemic Symptoms see https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3718748/ for further information. Assign the following codes;

L27.0 Generalised skin eruption due to drugs and medicaments
D72.1 Eosinophilia
Y46.4 Iminostilbenes, adverse effect in therapeutic use.

Q. Patient has elevated Haemoglobin – what code do I use for this. No diagnosis documented.

A. Elevated haemoglobin must meet criteria to be coded. Please review the section on "incidental findings and conditions" in ACS 0002 *Additional diagnosis* and also the advice on test results in ACS and ICS 0010 *General abstraction guidelines.* Do not assign a code based on a lab result only. Where this condition meets criteria for coding as per the above guidelines and in the absence of any further clinical information assign:

D58.2 *Other haemoglobinopathies*
Look up
Abnormal, haemoglobin.

Q. Please advise on the coding of the following case: Patient admitted for OGD for investigation of Reflux and Haematemesis. OGD performed under IV sedation.

OGD findings:

Oesophagus = Hiatus Hernia measuring < 2cm should not be causing symptoms.
Stomach = Normal. CLO and antral biopsies taken.
Duodenum = Normal.
The gastroscopy report also states that no cause for the prior episode of haematemesis identified.
Antral biopsy shows mild inflammation of the gastric mucosa.
What codes are assigned?

A. As the cause for the presenting symptoms is not established, the classification guidelines in ACS 0051 *Same day endoscopy – diagnostic* apply with particular reference to classification point 1.2 If no causal link is documented.

Assign codes for the presenting symptoms and any incidental findings (incidental findings do not have to meet criteria in ACS 0002).

Diagnoses codes:
K21.9 *Gastro-oesophageal reflux disease without oesophagitis*
K92.0 *Haematemesis*
K44.9 *Diaphragmatic hernia without obstruction or gangrene*
K29.70 *Gastritis, unspecified, without mention of haemorrhage* – as the gastroscopy report states that no cause for the prior episode of haematemesis identified

Intervention codes:
30473-01 [1008] *Panendoscopy to duodenum with biopsy*
92515-99 [1910] *Sedation, ASA 99*

Cracking the Code

A selection of Coding Queries

Q. Can you clarify how to code an incidental finding of cystitis found during a Cystoscopy performed for follow up examination for surveillance of cancer?

A. Please refer to ACS 0052 *Same-day endoscopy surveillance* which states for an additional diagnosis "any condition found at endoscopy that meets the criteria in ACS 0002 Additional diagnoses (see Example 12 and 13)" can be assigned.

Refer to example 3 in the standard for further guidance. The cystitis must meet criteria for coding before it can be assigned.

Q. Please confirm the code for the i-Stent insertion for glaucoma.

A. IHPA published the following advice on this type of procedure in December 2020 "Minimally invasive glaucoma surgery (MIGS) is an alternative surgical method that provides a medication-sparing approach to reduce intra-ocular pressure for patients with mild to moderate glaucoma. A number of MIGS devices such as i-Stent, XEN gel stent or CyPass have been developed for micro-bypass stenting for open angle glaucoma to drain fluid from the anterior chamber"

The code assignment for this procedure is 90075-00 [191] *Other procedures for glaucoma* when a MIGS device is inserted as a standalone procedure (without cataract extraction).

Q. Is there a specific code for Rhino/Enterovirus RNA Gastroenteritis? I have coded this to - A08.3 *Other viral enteritis.*

A. Yes we agree with your code assignment and the look up in the index is:

Enteritis
-Viral
--enterovirus
A08.3 Other viral enteritis

Q. When coding mechanical ventilation, do you code sedation or is it assumed that the patient is sedated when an ETT tube is being inserted – is it part of the mechanical ventilation?

A. Sedation is not automatically included in mechanical ventilation codes. It would be expected that a patient would be sedated when ventilated however sedation or any other form of anaesthesia can only be assigned as an additional procedure code if clearly documented in the chart.

Q. Can you please advise what code I would use when a patient has a clip applied to stop bleeding at the site of colon polyp removed during a colonoscopy?

A. Please assign: 90308-00 [908] Endoscopic destruction of lesion or tissue of large intestine

Endoscopic (colonoscopy with):
- coagulation (Argon plasma)
- control of colonic bleeding
- destruction of lesion (tissue) of large intestine (colon) by:
- - ablation
- - coagulation (Argon plasma)
- - injection of sclerosing agent (sclerotherapy)

Procedure look up,

Control
Haemorrhage,
Colon (endoscopic).

Note: If there is mention of a vein or artery being clipped there may be a different code assignment

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Q. Please can you advise if we add temporary consultants to the Consultants List? If so, how do they get assigned a number and how do we do it?

A. Temporary consultant are assigned a HIPE consultant code. To register a new consultant the Consultant Registrar module in the HPO Meta Data Services (MDS) Web app is used. All consultant registrations or modifications must be done via this app, we are no longer using the paper form or accepting faxes.
The address below is used to access MDS
http://10.0.38.131/hpo_webapps/MDS/Login.aspx.

There is a help manual available for the MDS app at the following link:
http://10.0.38.131/hpo_webapps/MDS/Help/mds_help_manual.pdf?version=v2019-07-10

Cracking the COVID-19 Code

A selection of COVID-19 Coding Queries

Q. Is there any way to capture that COVID-19 has occurred in a vaccinated patient? Is there any status code for instance for the vaccination?

A. No. HIPE does not collected the vaccinated status of patients. There are other systems in the HSE which collect this information.

Q. A patient tested positive for COVID-19 in August but did not present to hospital until September when they were unwell. The diagnosis is documented as long COVID-19, they do not re-swab the patient. Is this a current COVID-19 case or a post-COVID-19 condition?

A. The coding guidelines in ICS 22X2 *Novel Coronavirus (COVID-19)* for classification of post COVIID-19 conditions advise that:

The post COVID-19 emergency use codes will be implemented as follows:

- Assign U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* as an additional diagnosis where clinical documentation indicates that the patient has previously confirmed COVID-19 that is no longer current.

- Assign U07.4 *Emergency use of U07.4 [Post COVID-19 condition]* as an additional diagnosis where clinical documentation indicates a current condition is causally related to previous COVID-19.

Based on the information provided this case doesn't appear to satisfy either of these guidelines to assign a post COVID-19 code. Due to the timeline it appears to still be a current infection and based on the information provided the patient has symptoms, please assign:

The conditions or symptoms the patient has along with

B97.2 Coronavirus as the cause of diseases classified to other chapters

U07.1 Emergency use of U07.1 (COVID-19, virus identified)

The COVID-19 flag will also apply for this case.

Q. Please advise on the appropriate COVID -19 code for the following case - below is an excerpt from the discharge letter:

"Patient admitted as inpatient with SOB and cough. At the time of admission they were very hypoxic, saturations in the low 90s and with any exercise whatsoever they fell into the 80s. Their chest x-ray showed a diffuse infiltrate on both sides mainly peripheral consistent with COVID-19. They had two COVID-19 swabs done, both of which were negative but there is no doubt that they did have COVID-19 as there was quite a delay of the onset of symptoms and when he presented. They had been to Italy and approximately ten days after they came back they developed symptoms. This would be in the time frame for the symptoms of COVID-19 although they can occur more frequently.

They were treated with intravenous antibiotics and nebulization initially as well as oxygen. They made slow progress but saturation in room air are staying between 93 – 95 %. The minute they do any exercise they fall and they become very short of breath. Their respiratory rate remains elevated at 20. Other than that all investigations were essentially negative. We did rule out mycoplasma, Q fever etc. We are still awaiting other viral studies but the picture is entirely consistent with COVID-19 and hopefully they will make a slow but virtually complete recovery in time."

A. In the absence of a specific diagnosis after study e.g. Viral Pneumonia with the information provided, we advise assigning a code for the symptoms followed by the codes for clinically diagnosed COVID-19. There may be more information as to a specific diagnosis of pneumonia in the chart documentation for the episode.

Assign a code/s for the symptoms/condition followed by

B97.2 *Coronavirus as the cause of diseases classified to other chapters*

U07.2 Emergency use of U07.2 (COVID-19, virus not identified) is assigned as COVID-19 has been diagnosed clinically.

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

Please inform the HPO if a new member of staff joins your HIPE department and we will dispatch a starter pack and arrange training as appropriate.

To apply for any of the advertised courses, please complete the online training application form at: www.hpo.ie/training or use this: http://www.hpo.ie/training/frmTraining.aspx

Please ensure you enter the **correct work email** address when applying for courses. *Please do not use personal email addresses.* 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

Please note that due to the COVID-19 associated restrictions it is necessary continue to deliver all training courses remotely online.

Essential materials To participate in courses on-line you will require the following:

- ICD-10-AM/ACHI/ACS 10th edition (IEBook or hard copy)
- Training materials, dispatched in advance of the course
- Irish Coding Standards 2022 (V1)
- 2022 HIPE Instruction Manual (V1.0)

CSIV Workshop: Intermediate Obstetrics

Date: Thursday 13th January 2022
Time: 10.00am – 4.00pm
Location: Online

This course is suitable for coders who have completed an *Introduction to obstetrics course*

Pre-course reading and exercises will be dispatched to participants for completion in advance of the course.

If there is a specific area that you would like included in the content of this course please submit details to hipe.training@hpo.ie by **Friday 7th January**

Coding Skills III (A)

This three day course is for coders who have previously attended Coding Skills II. It aims to consolidate learning and experience to date and provides more in-depth training in areas such as Diabetes and Neoplasms and includes training on areas such as procedural complications & sequelae. Experienced coders are welcome to attend this course for refresher training.

Date: Tuesday 18th – Thursday 20th January 2022
Time: 10.00am - 5.00pm each day.
Location: Online

Coding Skills III (B) Circulatory

This 1 day course will concentrate on common circulatory conditions, coding and classification guidelines in relation to these conditions and associated interventions. Participants must complete Coding Skills II and Coding Skills III (A) before attending this course. Pre-course videos will be dispatched for viewing in advance as part of this course.

Date: Wednesday 16th February 2022
Time: 10.00am - 5.00pm
Location: Online

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 over-view 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: Tuesday, 8th February 2022
Time: 10.00am – 5.00 pm
Location: Online

Further information on upcoming scheduled HIPE training is available on the HPO website www.hpo.ie and also on the HIPE 2022 HIPE training calendar also available on the website.

Thought for Today

Give without remembering and always receive without forgetting.

Elizabeth Bibesco, poet, 1897-1945