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### Help Yourself!

This edition of Coding Notes is focusing on what you can do to improve HIPE data. On page one we highlight how important it is for everyone involved in HIPE to read Coding Notes. The new ESRI website is also a great resource for information, links and contacts. We have an article on *Correction of Queries* returned to hospitals. There is also information on the latest version of the software which all hospitals should be installing now. The upcoming coding courses are listed on the back page and remember you have to let us know when you need a new coder trained. Please take the time to read this and each edition of Coding Notes. Back issues are all available on the ESRI website.

## Why is Coding Notes sent to every clinical coder working with H.I.P.E.?

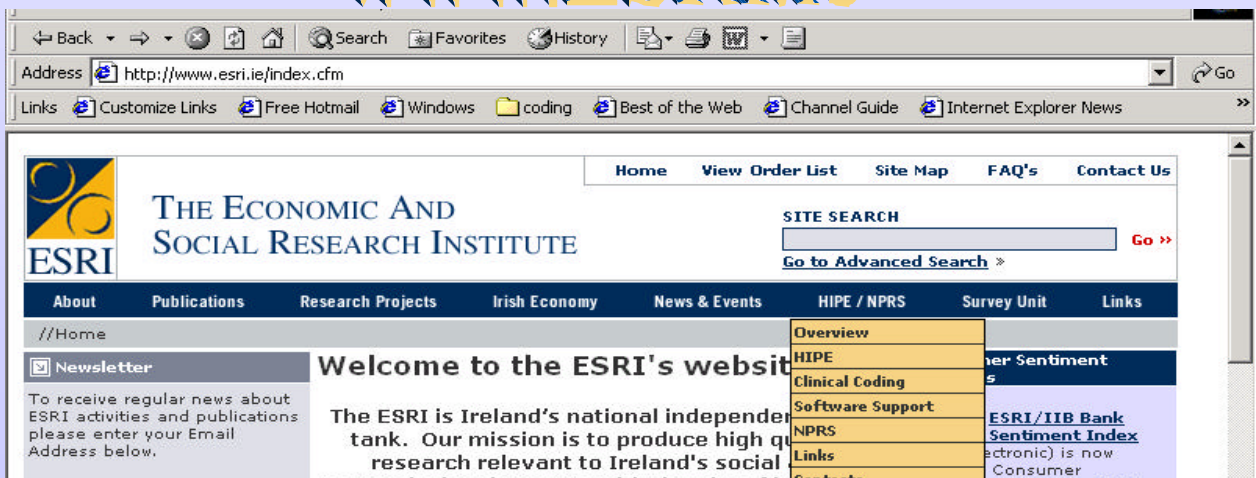
Reading Coding Notes is an integral and important part of the work of a clinical coder. It is full of important information for anyone working with HIPE. It features:

- New or amended guidelines
- New Codes
- I.T. Information
- Help and guidance on all aspects of HIPE
- Developments in HIPE
- Upcoming Courses
- Coding Queries
- Coding Features.

If you have any suggestions for improvements to Coding Notes, topics you would like to see covered or would like to submit an article please do not hesitate to contact us in the HIPE Unit. We will be sending out Coding Notes by e-mail soon so make sure and register at the website to receive your copy direct to your inbox.

## New ESRI Website

The ESRI Website has been relaunched with significant improvements. Please visit the site and check out the HIPE/NPRS pages for lots of information on all aspects of HIPE.



## A selection of queries received in the H.I.P.E. Unit recently:

**Question:** We have patients admitted for Oral Chemotherapy. How do we code these?

**Answer:** The principal diagnosis will be V58.1 (Encounter for Chemotherapy) followed by the code for the carcinoma being treated as a secondary diagnosis. As there is no procedure code in ICD-9-CM for Oral Chemotherapy there is no procedure code assigned for the chemotherapy. You may fill in an explanation note also to indicate this is Oral Chemotherapy.

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**Question:** A patient was admitted with angina . The patient has history of same in December 2002 and at that time had PTCA. An Angiogram reveals a diagnosis of 'instent re-stenosis'. How will we code this?

**Answer:** If the patient's originally stented vessel has now become re-diseased we advise coding this to 414.01 (Coronary Atherosclerosis) plus the code to indicate a stent has been placed V45.82 (Status PTCA). It would be inappropriate to assign the codes 414.02 (Of autologous biological bypass graft) or 414.03 (Of nonautologous biological bypass) as these indicate a Bypass Graft has been performed.

If the consultant states that the stenosis was secondary to the formation of scar tissue as a result of the body's reaction to the stent assign code 996.72 (Other complication of internal (biological) (Synthetic) Prosthetic Device, Implant, and Graft - Due to Cardiac Device, implant, and Graft). Also code the angina.

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**Question:** A woman had a caesarian section here recently because of her small stature. What code will we assign to indicate this as the reason for the Caesarian Section?

**Answer:** Assign code 653.41 (Fetopelvic disproportion) for this patient along with the V27.x, outcome of delivery code and any other appropriate secondary diagnoses codes.

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**Question:** We have patients in our hospital undergoing Leech Therapy. We cannot find a code for this in ICD-9-CM. How will we code this therapy?

**Answer:** Assign procedure code 99.99. 'Leech Therapy' was added as an inclusion term under this procedure code in 2002.

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## Coding Drugs in HIPE

Included in this edition is the latest Drugs list to help you with coding of poisonings and adverse affects. Data on drugs are collected in HIPE only when they are causing (or have caused) a problem. This can be either a:

➤ **History of allergy to Drugs (V14+)** is never PDX .

V14 is added as a secondary diagnosis only .

➤ **Addiction (304+)**

➤ **Neonatal reaction - Chapter 15**

➤ **Poisoning** - accidental or deliberate.

➤ **Reaction to Prescribed Drug.**

**PDX = Adverse reaction**

2<sup>nd</sup> Diagnosis = E-Code to identify the drug from the Therapeutic use column of

**PDX = The poisoning code for the drug selected from the first column of the table of drugs and chemicals**

2<sup>nd</sup> – Manifestation (if known)

3<sup>rd</sup> – E-Code to identify circumstances of the poisoning –

**This can never be a Therapeutic Use E-code**



We are constantly monitoring HIPE data to ensure the highest quality. Hospitals will have received checks on data submitted for 2002. You will shortly begin to receive checks run on your 2003 data.

To deal with these queries you need to:

1. Check these cases and verify that they are correct against the original chart and also that you understand what is being queried and why.
2. Return the query sheets to HIPE in the ESRI indicating what action has been taken.

*We expect hospitals to check all queries returned promptly and let us know of any changes made.*

There is a set of approximately 70 checks that are run on the national file – these are known as “selector checks”. Selector checks cover various coding guidelines e.g.

- ✓ Coding of poisonings
- ✓ Use of V-codes
- ✓ Sequencing of diagnoses

Data from all hospitals are filtered through these checks to ensure the same quality measures are applied across the HIPE system.

If you have any questions about queries returned to you please contact us. It is important that you understand the checks applied to the data to prevent the same queries appearing on your data. Data quality in your hospital is improved only when queries are dealt with correctly and promptly. This is another important aspect of coding and correction of queries improves the quality of HIPE data and also is a vital training tool for coders. If you have any suggestions for selector checks let us know.

The winner of the Review Quiz from the last edition is

**Gillian O'Brien** from The South Infirmary/Victoria Hospital, Cork. Well done. Your prize is on its way! Thanks to all those who entered the competition.



## Review Quiz - Answers



**Those who have entered will have found all the answers in previous editions of Coding Notes.**

1. What is the code for twin-to-twin transfusion (syndrome) affecting a patient's pregnancy?

**Answer:** 656.7 [1,3] + 656.7x (Other foetal and placental problems affecting management of mother, other placental conditions p804) on the mother's HIPE record to indicate the presence of the twin-to-twin transfusion syndrome. Featured in September 2002 (No. 8) in Cracking the Code

2. A new diagnosis code range was introduced for use from 1<sup>st</sup> January 2003. What does the new code range 995.9x represent?

**Answer:** 995.9x is Systemic Inflammatory Response Syndrome (SIRS). This was announced in Coding Notes December 2002 (No. 19). Systemic Inflammatory Response Syndrome is a major complication of infection and/or trauma that included systemic inflammation, elevated or reduced temperature, rapid heart rate and respiration, and elevated white blood cell count that may progress into organ and multi organ failure.

3. What code is used for Myelodysplasia?

**Answer:** This is coded to 238.7 Neoplasm of other lymphatic and haematopoietic tissues. This was featured in Cracking The Code in May 2002 (No. 17)

4. What are the codes assigned when a patient is discharged having had suspected SARS ruled out as a diagnosis?

**Answer:** If a patient is admitted to your hospital suspected of having SARS, but after study the SARS virus is ruled out, the principal diagnosis assigned is V71.8 Observation for other specified conditions, not found & V01.8 Contact or exposure to other communicable diseases & V07.0 Isolation. An article on SARS was featured on the front page of Coding Notes April 2002 (No. 20)



Version 2.3 of the Windows HIPE software is currently being distributed. This contains improvements and amendments. It is important that all hospitals are using the most current version of the software available. If you have any problems installing this software contact your I.T. department or the HIPE Unit's I.T. department in the ESRI.

## Upcoming HIPE Coding Courses

### Basic Clinical Coding Course

Always let us know when you need a new Coder trained and we will let you know when the next course is scheduled, usually about every 6-8 weeks.

An **Intermediate course** is being arranged and candidates will be contacted closer to the time.

### 2 Day Coding Refresher Courses

We recommend that all coders working in HIPE who have attended all levels of course and who are coding for a while, attend a refresher course. We are organising these courses for October and look forward to a good response. We will be advertising these closer to the time.

**Coding Workshops** will be held in October and we welcome suggestions for topics to be covered.

### Regional Workshops

We are always happy to facilitate regional workshops. These can be general coding workshops or focusing on a specific area of coding.

Please contact Marie Glynn in the H.I.P.E. Unit (01-6671525) Ext. 467 for application forms or information on any coding course or workshop.

If you have any ideas for future topics for Coding Notes please let us know.

Thanks and keep in touch.

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