# Coding Notes

## Post Implementation ICD-10-AM Workshops "Getting used to it"

Following the successful implementation of ICD-10-AM at the beginning of 2005, a series of Post-Implementation Workshops were held in April and May. Attendance at these workshops was very good as 157 people participated. Eleven workshops were held nationwide, including an obstetrics workshop held in Dublin. Thanks to everyone who helped organise the courses and of course to all those who attended. There was lots of discussion and lively debate as Irish coders seem to have taken to ICD-10-AM with great enthusiasm.

Discussions included issues arising with coding of Additional Diagnoses (ACS 0002), Procedures normally not coded (ACS 0042) and Diabetes coding (ACS 0401) amongst many other local issues that arose across the country. Comments on the evaluation forms were positive with the phrase 'Getting used to it' being the most common and the eBook remains a popular innovation. Further specialised workshops are planned for later in the year with the first set planned for Dublin in October (see p.8). Not surprisingly, the most requested workshop is Diabetes followed by Obstetrics. We will endeavour to run courses on those specialities as requested. Following on from these courses, we are publishing coding queries received during the courses and over the last few months.

Over 180,000 cases have been exported for 2005 indicating good volumes of coding in ICD-10-AM. Congratulations to all who have worked so hard and enthusiastically to adopt this new classification.

As usual, contact us if you need any help on any aspect of the implementation – books, eBooks, audit, data quality initiatives or IT support. If you have ideas that helped with your implementation please let us know so that we can share your good ideas with others.

# Cracking the Code
### A selection of ICD-10-AM related queries.

**Clinical advice and also guidance from the NCCH Query database**
**http://www3.fhs.usyd.edu.au/ncchwww/site/4.3.htm have been sought where necessary.**

## Ultrasound Guided Procedures
*How do we code ultrasound guided procedures e.g. ultrasound guided liver biopsy?*
Code first the surgical procedure performed. An additional code from block [1949] *Intraoperative ultrasound* is also assigned.

## CVA with Haemorrhage and Infarct.
*How do we code a patient who has had a CVA with both haemorrhage and infarct?*
On clinical advice received by the HIPE & NPRS Unit, code both the infarct and the haemorrhage.

## MRSA
*A patient has a positive swab for MRSA which leads to increased barrier nursing care. There is no infection documented. What are the appropriate codes to use?*
If there is no infection documented as per ACS 0112 *Infection with drug resistant micro organisms*, assign the following codes:
Z22.3  *Carrier of other specified bacterial diseases*
Z06.32  *Methicillin resistant agent*
These codes can only be assigned when the MRSA status meets the criteria outlined in ACS 0002 Additional Diagnoses and are not routinely assigned.  A "sticker" on the front of the chart does not automatically warrant the assignment of these codes.

## Type 1 Diabetes with Hypertension
*How do we code Type 1 diabetes mellitus with hypertension?*
As per the advice in ACS 0401 *Diabetes*, 'when unqualified obesity, hypertension or lipid disturbances is/are documented with Type 1 diabetes mellitus, assign the appropriate diabetes code with these conditions as additional diagnoses.'
The codes for type 1 diabetes without complication with hypertension are:
E10.9  *Type 2 diabetes mellitus without complication*
I10  *Essential (primary) hypertension*
Sequencing would depend on the reason for admission.

## Coronary Artery Disease with Angina
*When coding coronary artery disease with angina, is it only unstable angina that is sequenced before the CAD?*
As per ACS 0940 *Ischaemic heart disease* 'the code for <u>any type of angina</u> should be sequenced before coronary atherosclerosis'.

## Neck Dissection
*Is there a code for neck dissection?*
Yes, see Alphabetic List of Procedures (Volume 4):
**Excision,** lymph node, neck, radical

The code to assign in this case will be 31435-00 [806] *Radical excision of lymph nodes of neck*.

## Elevated PSA
*Is there a code for elevated PSA (prostatic specific antigen)?*
When elevated PSA is documented as clinically significant and after consultation, no cause can be determined, assign R79.8 *Other specified abnormal findings of blood chemistry*.

## Sterilisation with caesarean section
*If sterilisation is performed at the same time as caesarean section, how is this coded?*
A procedure code for the caesarean section will need to be assigned with an additional procedure code for the sterilisation.  The sterilisation will usually be performed via the caesarean section incision, therefore code 35688-02 [1257] *Sterilisation via open abdominal approach* will most commonly be applied.  Z30.2 *Sterilisation* will be assigned as an additional diagnosis.

## Winter Vomiting Bug
*Is there a code for the winter vomiting bug?*
The winter vomiting bug is also known as the 'small round structured virus' or the 'Norwalk agent'. (source: www.shb.ie)
See Alphabetic Index of Diseases (volume 2):
**Enteritis,** viral, small round structured

The code to assign is:
A08.1 *Acute gastroenteropathy due to Norwalk agent*.

## Helicobacter Infection

*ACS 1122 Helicobacter/Campylobacter advises that code B96.81 H. pylori as the cause of diseases classified to other chapters can only be assigned when the H. pylori is in the presence of one of the listed conditions (i.e. gastritis or ulcers) or when there is a documented association with another condition. How do we code patients who have H. pylori diagnosed without the associated diagnoses who are prescribed treatment for the infection such as triple therapy?*

The prescription of triple therapy is often a preventative measure, and therefore does not require the coding of the *H. pylori* infection as an additional diagnosis unless it is associated with the conditions listed in ACS 1122. The principal diagnosis would therefore be the symptoms the patient presented with (NCCH query #801).

## Cognitive Impairment

*What is the code for cognitive impairment?*

Please refer to the advice in ACS 0532 *Cognitive Impairment* 'If <u>cognitive impairment</u> is recorded, further clarification as to the extent of the impairment (i.e. mild memory disturbance or loss following organic brain damage, dementia) should be sought from the clinician. If this is not possible, then R41.8 *Other and unspecified symptoms and signs involving cognitive functions and awareness* should be assigned.

## Quad Bike Accident

*What is the most appropriate external cause code to assign for a quad bike accident?*

See Alphabetic Index of Diseases (Volume 2), External causes of Injury:

> **Accident**
> - transport
> - - all-terrain or off-road vehicle

A code from block V86 *Occupant of special all-terrain or other motor vehicle designed primarily for off-road use, injured in transport accident* with a 5th character of 2 (*Four-wheeled special all-terrain or other off-road motor vehicle*) will be assigned.

## Diabetes with Hypercholesterolaemia

*If a patient has diabetes with hypercholesterolaemia, is the appropriate diabetes code to use E1-.72 Diabetes mellitus with features of insulin resistance?*

Not in all cases. As per ACS 0401 *Diabetes*, only characteristic dyslipidaemia which meets the definition in the standard (elevated fasting triglycerides and depressed HDL-cholesterol) is a feature of insulin resistance. Unqualified hypercholesterolaemia is not always characteristic of insulin resistance.

The codes for diabetes without complication with unqualified hypercholesterolaemia are:

E1-.9   *Type * diabetes mellitus without complication*
E78.0 Pure hypercholesterolaemia

## ETART

*What is the code for ETART (endoscopic transanal resection tumour)?*

Code assignment is dependent on the procedure performed. See Alphabetic Index of Procedures (Volume 2):

> **Excision**
> - lesion
> - - rectum

and follow the modifiers accordingly.

## Bacterial Infections

*A patient is admitted with an E. coli UTI. Is the appropriate code to use for the infection A49.8 Other bacterial infections of unspecified site or B96.2 Escherichia coli as the cause of diseases classified to other chapters?*

A49.8 is assigned when the site of the infection is unspecified. B96.2 is assigned when the site of the infection is known and the E. coli is causing a disease classified to another chapter. In the case cited assign:

N39.0 *Urinary tract infection, site not specified*
B96.2 *E. coli as the cause of diseases classified to other chapters*

The 'code also' note at N39.0 in the index *'Use additional code (B95-B97) to identify infectious agent'* will lead you to the correct infection code to use.

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**Do you have a coding query?**
Email the HIPE & NPRS Unit:

**hipecodingquery@esri.ie**

Remember to provide as much information as possible.
Use the Coding Help Sheet as a guide to the amount of detail required.

# Quality Corner

## Coding of Local Anaesthetics

*"Do not assign 92513-XX [1909] Infiltration of local anaesthetic unless data on such interventions is required at the local hospital level"* ACS 0031 *Anaesthesia*.

The HIPE & NPRS Unit reviewed the number of local anaesthetics recorded between January and May 2005. Local anaesthetic codes have been reported by hospitals contrary to the guidelines in ACS 0031 *Anaesthesia*.
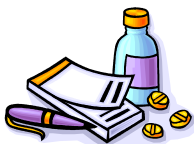
This topic was covered in the recent ICD-10-AM Post-Implementation workshops and we expect hospitals to correct any cases where local anaesthesia was inappropriately recorded. The HIPE & NPRS Unit will shortly be issuing data quality queries.

You can also check your data locally using the W-HIPE Reporter. If you need assistance with data quality checks please contact the HIPE & NPRS Unit.
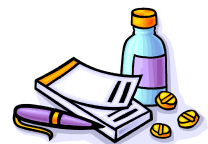
# ICD-10-AM Errata

**Errata 4 June 2005** are being distributed with this edition of Coding Notes, and will need to be applied to your coding books accordingly. The **eBook errata** will be distributed with the next Windows HIPE update. The eBook Errata will also be made available on the HIPE & NPRS Unit website and an email will be sent out shortly to inform hospitals of this. If you have any questions about applying Errata, please don't hesitate to contact us in the HIPE & NPRS Unit.

### ICD-10-AM
### Table of Commonly Occurring Drugs

**Please Note:** In the Table of Commonly Occurring Drugs recently issued, the correct undetermined intent code for Serenace is Y11 *Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, NEC, undetermined intent* and the correct code for adverse effect is Y49.4 *Butyrophenone and thioxanthene neuroleptics*, **please amend your copy.**

| Substance | Chapter XIX | Accidental | Intentional Self-Harm | Undetermined Intent | Adverse Effect in Therapeutic Use |
|---|---|---|---|---|---|
| SERENACE | T43.4 | X41 | X64 | Y11 ~~Y14~~ | Y49.4 ~~Y56.0~~ |

# Coding Guidelines

## Asthma (J45) and Status Asthmaticus (J46)

ACS 1002 *Asthma* provides the following classification guidelines for assigning codes from categories J45 *Asthma* and J46 *Status asthmaticus*:

J45 *Asthma* should be assigned for diagnoses such as 'asthma', 'severe asthma', 'acute asthma', or any other variation of this terminology which is not included in status asthmaticus.

J46 *Status asthmaticus* should be assigned only if the asthma is documented as 'acute severe' or 'refractory'.

The correct code assignment for asthma depends on the circumstances of each particular episode and codes are to be assigned according to the documentation in each case.

To maintain data integrity locally, nationally and internationally it is vital that all hospitals follow this guideline consistently. If your hospital is not following this guideline, please inform the HIPE & NPRS Unit so that any required assistance can be provided to rectify this problem.

## Alcohol Use (Z72.1)

The HIPE & NPRS Unit has received many queries regarding the appropriate assignment of Z72.1 *Alcohol use* in ICD-10-AM.

Z72.1 *Alcohol use* is **not** assigned in the same routine way as Z72.0 *Tobacco use*, and it is important for coders to be aware of this distinction.

The code Z72.1 *Alcohol use* is found in block Z72 *Problems related to lifestyle*. Due to the subjective nature of interpreting what constitutes a 'problem' level of alcohol consumption for a particular individual, Z72.1 will rarely be assigned.

Documentation such as 'alcohol +++', 'smell of alcohol' and 'had several pints today' are subjective statements and it is inappropriate to assign codes for alcohol use on the basis of these statements alone.

If you require any further clarification regarding the coding of alcohol use, please do not hesitate to contact us in the HIPE & NPRS Unit.

# Visit by SINTEF, Norway

The HIPE & NPRS Unit welcomed delegates from SINTEF, Norway in April this year.   SINTEF is a research institute responsible for the Norwegian Patient Register (NPR) and for Patient Classification and Financing.  The NPR operates in a similar way to HIPE in Ireland and is re-sponsible for the collection and verifi-cation of data from hospitals in Nor-way.

In April twenty delegates from SINTEF visited the HIPE & NPRS Unit to learn about the work of the Unit.

The visit provided a great opportunity to share ideas and we look forward to continued collaboration with our Nor-wegian colleagues in the future.

*Delegates from SINTEF, Norway during their visit to the ESRI in April.*
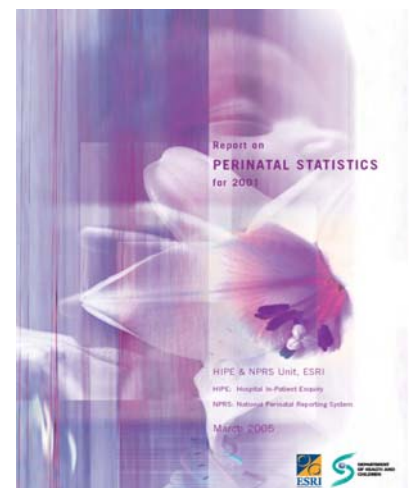
# The National Perinatal Reporting System

The National Perinatal Reporting System (NPRS) is part of the HIPE & NPRS Unit at the ESRI.  The system collects national morbidity statistics on perinatal events.  The NPRS collects data on approxi-mately 60,000 birth records each year from 26 hospitals and 16 in-dependent midwives.

The most recent report on perinatal statistics is for 2001.  This re-port presents information on pregnancy outcomes, together with descriptive social and biological characteristics of mothers giving birth and babies born in Ireland in 2001.

Some highlights from the report:

- 58,261 births were notified to the National Perinatal Re-porting System.
- The birth rate for 2001 is estimated at 15.1 per 1,000 population.
- The perinatal mortality rate was 8.6 per 1,000 live and still births in 2001.

Delivery by caesarean section now accounts for 22 percent of all births.  The average birth weight of babies born in 2001 is esti-mated at 3,477g.  There were 245 home births attended by inde-pendent domiciliary midwives in 2001.  The 2002 report will be out later this year.

*If you would like a copy of the **Report on Perinatal Statistics 2001** please contact Sheelagh Bonham in the HIPE & NPRS Unit at the ESRI or it is available on the web www.esri.ie.*

# Windows HIPE Happenings

## AltView:
### An Alternative View in Windows HIPE

**Important**
**This feature is only compatible with Version 2.83 or higher**

A new feature has been introduced which increases the width of some of the descriptions in Windows HIPE. With this feature full descriptions are now visible.

**To enable this feature do the following:**

**1. Click on Start and go to Run.**

**2. Type in Regchange and press Ok.**

**3. In the 'Registry String Name' box type in AltView and then type Yes into the 'Registry String Value' box.**

**4. Press the Set Value button and close Regchange.**

The wider descriptions should now be visible as illustrated below but if you encounter any problems contact IT in the HIPE & NPRS Unit.

Without AltView – Only part of the description is visible

With AltView – The full description is visible

# Upcoming Courses

## Basic Coding Courses

The next two Basic ICD-10-AM Coding Courses will be held at the ESRI on the following dates:

### Tuesday 20th September - Friday 23rd September 2005
AND
### Tuesday 10th January - Friday 13th January 2006

These 4 day courses are intended for HIPE staff who are employed to work in the HIPE Department of an acute hospital and who will code discharges using ICD-10-AM.

## Intermediate Course

A 3 day ICD-10-AM Intermediate Course will be held at the ESRI on:

### Tuesday 4th October - Thursday 6th October 2005

Candidates will be contacted with further details closer to the time.

## Coding Workshops

Workshops with guest speakers on the following topics will be held at the ESRI in
### October and November, 2005:

Diabetes        Obstetrics
Neoplasms       Ophthalmology
Cardiology      Paediatrics
Orthopaedics

Workshops on Anatomy and Physiology are also being scheduled.

Further details of these workshops will be announced closer to the time.

## Keep in touch:

**If you have any ideas for future topics for Coding Notes please let us know.  Thanks and keep in touch.**

Danielle Calvert, HIPE & NPRS Unit, ESRI, 4 Burlington Road, Dublin 4
Phone:  01 6307 185        Email:  danielle.calvert@esri.ie