

Coding Notes



HIPE & NPRS Unit
Health Policy &
Information
Division

Number 37
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Midsummer Round Up

It's midway through the year and we have had a busy first six months with training courses. There has been great attendance at recent courses, several of which were new to the training calendar. An introductory course on the subjects of Medical Terminology and Anatomy & Physiology was held in May. Professor Clive Lee, from the Royal College of Surgeons presented on the Cardiovascular and Digestive Systems. This presentation gave course participants an excellent overview on the anatomy and physiology of both systems. The aim of the course was to provide clinical coders with a foundation on the subjects of Medical Terminology and Anatomy & Physiology, which they can build upon with further education in this area. The feedback was excellent and participants gained a lot from this day. This is an area of training that will be expanded and developed in the future.



We also held a Data Quality Education Day. This provided coders with training on important tools to ensure that coded data are up to the highest standard. The HIPE Data Quality Checks were distributed and discussed (see page 2 for more information). Along with the other scheduled courses, there will be specialised workshops later in the year and these will be advertised in the Autumn Coding Notes.

Training 2008

The training calendar for 2008 is currently being finalised and we would welcome any suggestions on this. In 2008, we will begin training for the move to the 6th Edition of ICD-10-AM which will come into use for discharges from 1st January 2009. We will hold nationwide workshops ahead of formal implementation courses in January 2009. Watch out in future Coding Notes for more information on the update to 6th Edition.

Hospital Visits

During the coming months members of the coding team at the ESRI will be visiting hospitals around the country. These visits are an ideal opportunity to review charts on site and to discuss those coding queries that might not get covered during national workshops or training courses. The visits also help the ESRI's coding team understand those challenges and issues faced in hospitals by HIPE teams. If you have not been contacted and would like a visit from the team please contact us.



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HIPE Data Quality Checks Workbook

Data Quality checks are a valuable tool you can use to improve your HIPE data. Routine checking of data quality builds confidence in your data and ensures accuracy.

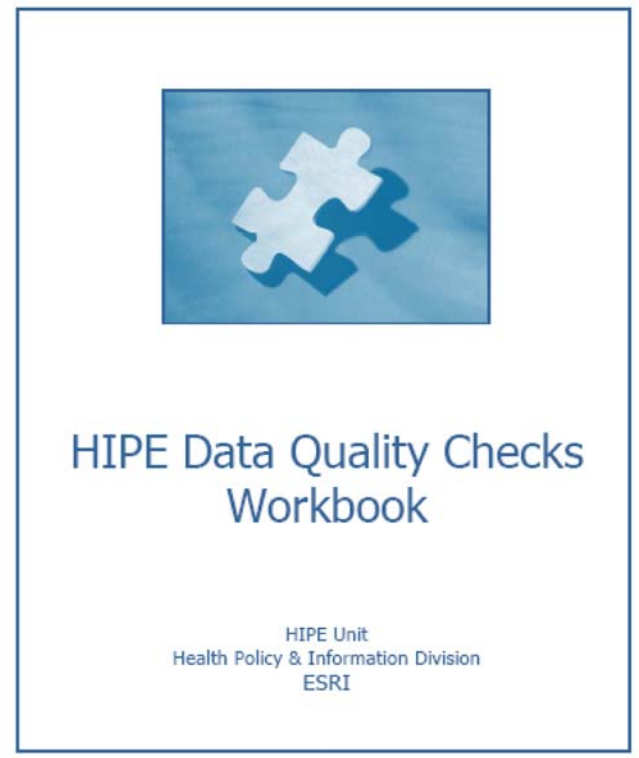
The HIPE Data Quality Workbook has been updated and expanded. It now details checks to run on your own data. The workbook is organised by specialty/chapter, making it easier to review checks relevant to your hospital, and provides step-by-step instructions for running each check using the W-HIPE reporter.

Each check:

- Briefly explains and summarises the relevant coding guideline
- Notes the appropriate Coding Standard
- Explains if the check is a current W-HIPE edit
- Has step-by-step instructions for running the check using the W-HIPE reporter

By running these checks on your data locally using the W-HIPE reporter you can improve the quality of your data, discover common errors that may be occurring in your hospital and reduce queries returned from the ESRI. You may also use The HIPE Data Quality Checks Workbook as a training tool for information on guidelines.

If you would like a copy of the workbook for your HIPE office or would like to suggest appropriate checks that could be included in future versions of the workbook, please contact Nicole Hopgood - nicole.hopgood@esri.ie.



HIPE Coding Audit Toolkit[©]



New Version

Version 1.2 of the HIPE Coding Audit Toolkit has been released to hospitals. If you require assistance installing this software update, please contact Shane McDermott - shane.mcdermott@esri.ie.

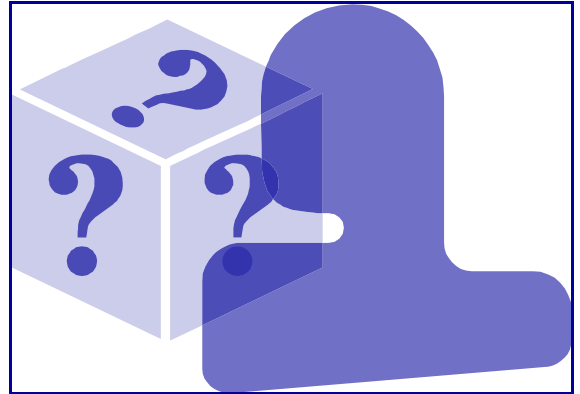
Training

If you would like a member of the data quality team to provide a HCAT training visit specific to your hospital, please contact Nicole Hopgood - nicole.hopgood@esri.ie.

The Coding Query Process



One of the many functions performed by the HIPE Unit at the ESRI is to provide a coding query service to coders. This is a service where the coding query team can follow through on questions asked by coders and provide guidance and clarity on challenging coding scenarios. In 2006 the HIPE Unit answered almost 900 coding queries. While we do try to respond to coding queries as soon as possible it can take time to research and answer a query, and we appreciate your patience in this regard.



Before Sending in Coding Queries

- Review the current edition of ICD-10-AM, including the Australian and Irish Coding Standards. Often the standards may provide the answer.
- Seek advice from colleagues and/or clinicians.
- Review past editions of Coding Notes to search for similar/related queries (the Coding Notes Index is helpful when searching for a particular topic). Previous editions of Coding Notes and the Coding Notes Index can be found at www.esri.ie/health_information.

How to Send in Coding Queries

Coding queries sent to the HIPE Unit need to clearly identify the coding issue and include relevant supporting documents (e.g. copies of operation reports, copies of discharge letters/summaries, etc with patient names removed). Appropriate references related to the case and/or any clinical advice should also be made available.

Due to the high volume of coding queries received, we recommend that coding queries be sent preferably by **email** to: **hipecodingquery@esri.ie**

Alternatively, queries can be sent using the **Coding Help form**:

Online: ESRI website www.esri.ie/health_information

Fax: (01) 863 2100

Post: HIPE Unit (Room 2-09), ESRI



What Happens After a Coding Query Has Been Sent?

The HIPE Unit reviews and considers each coding query that is received in order to provide consistent and relevant coding advice. Regular meetings are held to discuss these coding queries. The coding query process can involve:

- Reviewing the current edition of ICD-10-AM, including the Standards and other available resource material, including the web and other classifications.
- Checking the NCCH Query Database and Coding Matters for similar/related queries.
- Checking to see if a similar/related query has been previously answered by the ESRI.
- Seeking clinical advice from the Clinical & Coding Group (C&CG) and/or the NCCH as necessary.

When the query has been fully processed, a response is prepared and returned.

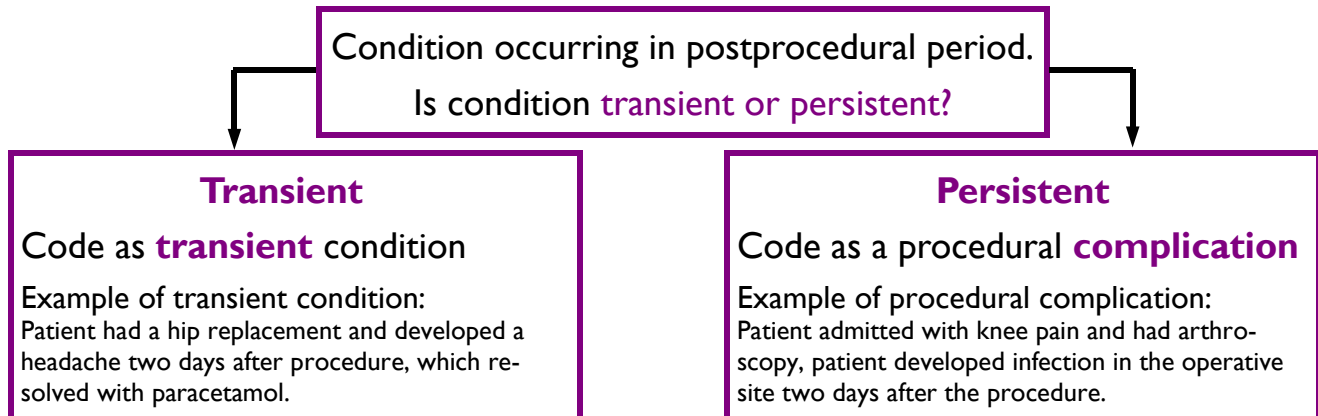


Coding Guidelines

ACS 1904 - Procedural Complications

Definition - “A procedural complication is a condition or injury which is related to a surgical / procedural intervention rather than being related to the patient’s disease process.” (ACS 1904)

Classification - For the purposes of coding, conditions occurring in the postprocedural period are divided into **Transient Conditions** and **Procedural Complications**.



Transient Conditions

Some transient conditions occur in the postprocedural period but are not regarded as procedural complications.

Examples of such conditions are: anaemia, cardiac arrhythmias, confusion, electrolyte disturbances, headache, hypertension, hypotension, urinary retention, nausea, vomiting.

If a transient condition meets the criteria in ACS 0002 *Additional diagnoses*, then it should be assigned a code. It would be coded as a condition in its own right, not as a procedural complication.

Example 1: Appendicectomy for appendicitis is performed. Hypokalaemia (low potassium) was diagnosed 2 days post surgery. This resolved with IV fluids and the patient was discharged well.

Diagnosis codes: K35.9 *Acute appendicitis, unspecified*
E87.6 *Hypokalaemia*

Transient Conditions are not coded as postprocedural complications **unless:**

- They are present at discharge
- They persist post procedurally for at least 7 days
- The clinician documents that the condition is a complication of the procedure.

If the condition meets any of these criteria code as Procedural Complication.

If it cannot be determined whether a condition is transient or persistent, then the condition **should not be coded as a procedural complication.**

Procedural Complications

Documentation must show that the **condition** is **related to** the **procedure** or intervention rather than the disease process.

At least 3 codes are required for procedural complications:

1. **The complication** (multiple codes may be required)
2. **External cause code** to identify the procedure related to the complication
3. **Place of occurrence code** to indicate where the procedure was performed

The postprocedural blocks are usually found at the end of the specialty chapters:

- E89** Postprocedural endocrine and metabolic disorders, NEC
- G97** Postprocedural disorders of the nervous system, NEC
- H59** Postprocedural disorders of eye and adnexa, NEC
- H95** Postprocedural disorders of ear and mastoid process, NEC
- I97** Postprocedural disorders of the circulatory system, NEC
- J95** Postprocedural respiratory disorders, NEC
- K91** Postprocedural disorders of the digestive system, NEC
- M96** Postprocedural musculoskeletal disorders, NEC
- N99** Postprocedural disorders of the genitourinary system, NEC



The appropriate external cause codes for procedural complications are:

- Y83-Y84** Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

The appropriate place of occurrence code is usually: **Y92.22** Place of occurrence, health service area

Classification

The Index (Volume 2) must be followed carefully in each case in order to assign the correct code.

Example 2: Post operative haematoma in appendicectomy wound.

Alphabetic Index: **Haematoma**
- postprocedural

Additional codes: T81.0 Haemorrhage and haematoma complicating a procedure, NEC
Y83.6 Removal of other organ (partial) (total)
Y92.22 Place of occurrence, health service area

If there is no specific subterm for 'postprocedural' in the Index under the main term, follow the look up for 'Complication', followed by the relevant body system for which the complication pertains and then 'postprocedural'.
[An additional code from Chapters I to XVIII may be assigned to provide further specification of the condition.](#)

Example 3: Appendicectomy for appendicitis performed. Hypokalaemia was diagnosed 2 days post surgery. This failed to resolve with IV fluids, and potassium supplements were prescribed on discharge.

Alphabetic Index: **Hypokalaemia**
- no subterm for postprocedural / postoperative

Complications
- endocrine
- - postprocedural
- - - specified, NEC

Additional codes: E89.8 Other postprocedural endocrine and metabolic disorders
E87.6 Hypokalaemia
Y83.6 Removal of other organ Y92.22 Place of occurrence, health service area

Example 4: Patient underwent coronary artery bypass grafting for coronary artery disease. The patient developed 'postprocedural DVT (deep vein thrombosis)' which delayed discharge for 7 days.

Alphabetic Index: **Thrombosis**
- deep
- - no subterm for postprocedural / postoperative

Complications
- Circulatory
- - postprocedural
- - - specified, NEC

Additional codes: I97.8 Other postprocedural disorders of circulatory system, NEC
I80.2 Phlebitis and thrombophlebitis of other deep vessels of lower extremities
Y83.2 Surgical operation with bypass Y92.22 Place of occurrence, health service area



Cracking the Code

A selection of recent coding queries.

Zometa (Aredia) Infusion

How do we code cancer patients who are admitted for day case Zometa infusions?

Zometa is also known as Aredia. It is often used to treat hypercalcaemia in patients with bone cancer. For patients with hypercalcaemia as a neoplasm related condition, assign the following codes for day case administration of Zometa:

Z51.1 *Pharmacotherapy session for neoplasm*

C— *Appropriate neoplasm code(s)*

E83.5 *Disorders of calcium metabolism*

96199-00 [1920] *Intravenous administration of pharmacological agent, antineoplastic agent*

Also see ACS 0044 *Chemotherapy* for further information.

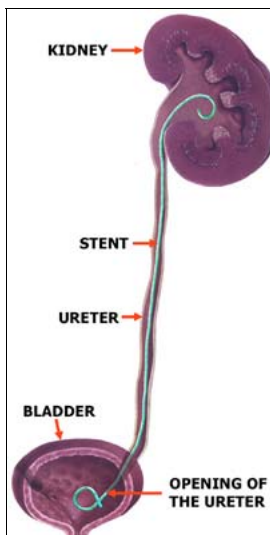
Removal of JJ stent

What codes are assigned for patients admitted for removal of JJ stent?

JJ stents are used to prevent obstruction of the ureter in patients with kidney stones. They are called JJ stents due to their shape. One end curls into a J shape in the kidney, the other end curls into a J shape in the bladder. The following codes are assigned for patients admitted for removal of a JJ stent:

Z46.6 *Fitting and adjustment of urinary device*

36833-01 [1067] *Endoscopic removal of ureteric stent*



Intraoperative CT

What code is assigned for patients who have CT (computerised tomography) guided procedures?

If computerised tomography is performed in conjunction with a procedure, regardless of site and where the procedure was performed, the following code will be assigned:

57341-00 [1966] *Intraoperative computerised tomography*



Jessner's Disease

The following code is assigned for the diagnosis of Jessner's Disease:

L93.0 *Discoid lupus erythematosus*

Spontaneous vertex delivery

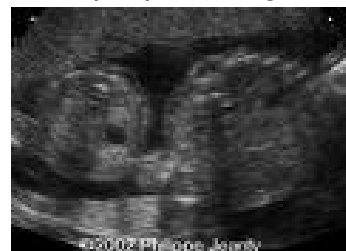
Is it necessary to assign code 90467-00 [1336] Spontaneous vertex delivery for all vaginal deliveries?

No, this procedure code is not required, as a spontaneous vertex delivery is usually reflected in the diagnosis.

Absent End Diastolic Flow

Absent end diastolic flow is a sign of fetal distress indicated on ultrasound, which shows that the baby is diverting blood away from the peripheral organs to the brain. Assign the following code for this diagnosis:

O36.3 *Maternal care for signs of fetal hypoxia*
(This supersedes all previous advice given.)



Excision of gynaecomastia

Gynaecomastia is the development of abnormally large mammary glands in males. If a specific procedure for gynaecomastia is documented, such as subcutaneous mastectomy, then the appropriate code for this procedure will be assigned. In the absence of further information, the following code is assigned for 'excision of gynaecomastia':

31560-00 [1752] *Excision of accessory breast tissue*

Patient controlled analgesia (PCA)

Is patient controlled analgesia coded?

As per ACS 0031 *Anaesthesia* '92518-00 [1912] Intravenous postprocedural infusion, patient controlled analgesia may be assigned if data on such interventions is required at the local hospital level.'

Drug Eluting Stents

Is there a code in ICD-10-AM for drug eluting coronary stents?



Please refer to the following advice from the NCCH "the collection of this information is currently outside the scope of ICD-10-AM, which serves to classify the intervention performed (i.e. insertion of the stent), rather than the type of device employed. There is no appropriate code to indicate the pharmacologic properties of the stent". Therefore, please assign codes for these procedures as you normally would for (non drug-eluting) coronary stents.

Haemorrhage in Early Pregnancy

When is it appropriate to assign code O20.9 Haemorrhage in early pregnancy?

See the following Index Entry (Volume 2):

Pregnancy

- complicated by
- - haemorrhage NEC
- - - before 20 completed weeks gestation

As per ICS 1510, fetal viability in Ireland is defined as 22 weeks. Therefore, in Ireland O20.9 Haemorrhage in early pregnancy can be assigned for cases of antepartum haemorrhage occurring before 22 completed weeks gestation. This will be reflected in the next version of the Irish Coding Standards.

Poisoning by assault

A patient was admitted unconscious after having her drink spiked with Rohypnol. What codes are assigned?

Rohypnol is known as flunitrazepam in the Table of Drugs and Chemicals. The following codes are assigned for the case cited. Please note, the codes for assault by drugs are found in the External Causes of Injury rather than the Table of Drugs and Chemicals.

T42.4 Poisoning by benzodiazepines

R40.2 Coma, unspecified

X85.0- Assault by drugs, medicaments & biological substances

Appropriate place of occurrence and activity codes.

Irrigation of vascular catheter

A patient is admitted for flushing of a vascular catheter. What codes are assigned?

As per ACS 0045 Drug delivery devices 'Drug delivery devices may require maintenance such as flushing with saline or heparin solution on a regular basis to maintain patency'. The following advice can be applied for central vein catheters (CVC) such as Hickman, Broviac, Groshong, Cook, and peripherally inserted central catheters (PICC). Where this type of procedure is performed alone, assign the following codes:

Z45.2 Adjustment and management of vascular access device

92058-00 [1890] Irrigation of vascular catheter

ACS 0045 also states; 'These codes should not be assigned when these procedures are done in conjunction with more major procedures such as insertion, loading, removal or replacement of drug delivery devices.'

Injection of Botox

What code is assigned for injection of Botox (botulinum toxin) into muscle for treatment of cerebral palsy?

Please refer to the following Index entry:

Injection

- muscle 90560-00 [1552]
- - botulinum toxin - code to block [1920] with extension -09

As there is a note at block [1920] which excludes 'local effect', the NCCH has recognised that the Index entry above is incorrect. For the case cited, the following code should be assigned: 90560-00 [1552] Administration of agent into soft tissue, NEC



Baby delivered in car park

A baby is delivered in the car park of the hospital. Is a code from Z37 Outcome of delivery code required?

Please see ACS 1519 Delivery prior to admission. A Z37 code is not required in the case cited, as the baby was born prior to admission. A code from Z39.0 Postpartum care and examination immediately after delivery will be assigned.

Do you have a coding query?

Please email hipecodingquery@esri.ie or log onto www.esri.ie



Upcoming Courses

ICD-10-AM Basic Course

MODULE 1

Dates: Wednesday 14th November
& Thursday 15th November, 2007
Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

MODULE 2

Dates: Tuesday 4th December
- Thursday 6th December, 2007
Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

These courses are intended for HIPE staff who work in the HIPE Department and who will code discharges using ICD-10-AM. Please note that these courses will only be held if an adequate number of participants apply to attend so please let us know if you have candidates for any courses.



'HIPE Dates 2007' can be downloaded from http://www.esri.ie/health_information

ICD-10-AM Intermediate Course

Date: Tuesday 27th November - Thursday 29th November, 2007
Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Recent Training Highlights

A new initiative undertaken by the ESRI in conjunction with the HCCWVG (HIPE Casemix Coordinator Working Group) was HIPE Casemix Coordinator training which was held over four days at the ESRI during May. Topics covered included casemix, data quality, audit, clinician collaboration, statistics and the use of HIPE software including WHIPE, WREP and the HCAT. The courses were well attended with great collaboration and sharing of experiences. Thank you to everyone involved.



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

Thanks and keep in touch.

Danielle Calvert, Health Policy & Information Division, ESRI, Sir John Rogerson's Quay,
Whitaker Square, Dublin 2.

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