Coding Notes

Healthcare Pricing Office
Feidhmeannacht na Seirbhíse Sláinte Health Service Executive
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June 2019

ABF Conference May 2019

The HPO were delighted to host the ABF Conference in May this year in Athlone. Over 300 delegates attended, all working in the area of ABF in Ireland. It was an informative and very enjoyable day of learning and networking with colleagues old and new. The theme of the 2019 ABF conference was: A*BF: Moving Forward with Sláintecare.*

Mr Stephen Mulvaney (right), CFO of the HSE opened the conference and set the scene for the day. Mr Colm Desmond, Assistant Secretary in the Department of Health spoke on the Department's perspective moving forward with ABF.

Mr Ken Mealy, President of the RCSI gave his insights on using ABF to incentivise Best Clinical Practice. The key role of Sláintecare in the implementation of ABF was emphasised with the presentation from Ms. Laura Magahy, the Executive Director of Sláintecare.

Ms. Jennifer Nobbs (below) presented on the ABF Implementation Plan 2019-2022 currently in preparation. Jennifer is working with the HPO as a technical advisor and has worked in the past as the Executive Director, Activity Based Funding, at the Independent Hospital Pricing Authority in Australia (IHPA).

Mr Alfa D'Amato (right), Acting Deputy CFO, New South Wales (NSW) Health, Australia gave the keynote address and shared his extensive experience with ABF in NSW.

Mr Brian Donovan (above), Head of Pricing at the HPO gave a full update on ABF and presented on the progress that has been made in the implementation of this programme. This included the news that 10th Edition of ICD-10-AM/ACHI/ACS will now be implemented for discharges from 1.1.2020.

Ms. Colette Tully, Executive Director, National Office of Clinical Audit (NOCA) followed on with a presentation on *Supporting a Culture of Improvement* and presented on the Best Practice tariff now in place for Hip Fractures.

Ms. Yvonne Goff, Chief Clinical Information Officer, HSE presented on the future of healthcare data, where eHealth is going and implications for the implementation for ABF.

The HPO were also very pleased to present the ABF 2019 Admitted Patient Price List and hope that this document will be used throughout the system to further support the roll out of ABF. This, along with a number of the presentations from the conference is available on www.hpo.ie

We would like to thank all the presenters, HPO staff and all the delegates who made this day such a worthwhile and informative day. If you have any feedback on the day or ideas for next year's conference please let us know at: **info@hpo.ie**.

Inside This Issue

HIPE Data Quality Update

Usage of data quality tools is monitored by the HPO and in particular with regard to the Activity Based Funding as an indicator of data quality activities being undertaken by hospitals. The HPO monitor the use of data quality tools on a monthly basis and follow up with hospitals individually. If you need further training on use of the HCAT© or on the Checker© tool please contact the HPO at HIPEcodingquery@HPO.ie .

The Checker©

The Checker© has now been run on the national HIPE file from January to April 2019 and queries have been issued to hospitals. Many thanks to those who have responded. The HPO aims to review the HIPE national files using the Checker© on a quarterly basis.
The following items are important to note:

- Please ensure that your hospital is correctly reporting NTPF activity carried out on-site. The number of cases identified by the Checker© must be checked locally. The Checker© tool identifies NTPF cases in Check No. 350.
- Robotic Assisted procedures – the Checker© tool is being updated so that cases with a procedure code of 96233-00 [1923] *Robotic Assisted Intervention* are not queried. At the moment the Checker© does not recognise this code and cases with robotic assisted procedure are queried in Check No. 352 . Please ensure that cases are coded in line with ICS 0053 *Robotic Assisted Intervention*
- Error AR DRGs are identified by the Checker© tool in Check No. 147A and Check No.I47B , these cases may be correctly coded but require review.

Checker© Use

The HPO have reviewed use of the Checker© tool across 55 HIPE Hospitals as at the end of April 2019 HIPE National File. This review has identified that 74.5% of hospitals used the Checker© in the month of the export (April/May 2019). Another 13% of hospitals last used the Checker© earlier in 2019 (Jan-Mar). There are 7 hospitals where the Checker© has not been used in 2019 (13%).

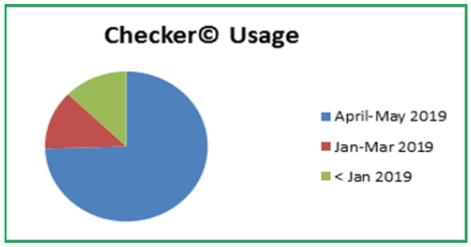


Figure 1: Checker© Usage in 2019

Checker© Run Date	No. (%) of Hospitals
April-May 2019	41 (74.5%)
Jan-Mar 2019	7 (13%)
< Jan 2019	7 (13%)

Table 1: Checker© Usage to date in 2019 by number of Hospitals.

Please continue to use the Checker© tool on a regular basis, the HPO recommends running the Checker© at least once per month ahead of the export. The Checker© tool reviews a variety of HIPE data and combinations of data beyond diagnoses and procedure codes. If there are checks that you require further information on please contact HIPECodingQuery@HPO.ie.

HCAT© Usage

The HPO have also reviewed use of the HIPE Coding Audit Toolkit (HCAT©) tool by Hospitals in 2019. While use of the HCAT© is still growing we can see that 14 Hospitals have used HCAT© in April/May 2019 and a further 8 hospitals have used HCAT© at an earlier stage in 2019 meaning that 40% of hospitals have used HCAT© in 2019 . A further 18 hospitals (33%) have used HCAT© but not in 2019. There are 15 hospitals (27%) where HCAT© has not been used.

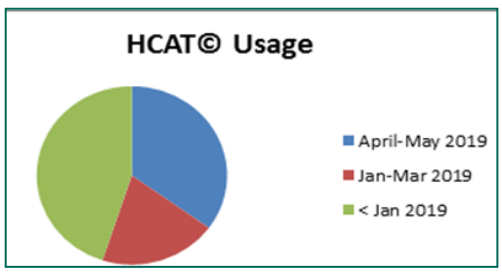


Figure 2 :HCAT© Usage in 2019

HCAT© Use Date	No. (%) of Hospitals
April-May 2019	14 (25%
Jan-Mar 2019	8 (15%)
< Jan 2019	18 (33%)
HCAT not used/unavailable	15 (27%)

Table 2: HCAT© Usage in 2019 to date by number of Hospitals.

HIPE Coding Audit Course

The second group to complete the HIPE Coding Audit Course received their certificates of completion at the HPO on the 28th May 2019. The event included presentations and discussions of audit projects as well as presentations from Marie Rice and Helen Nolan from the HPO audit team. Ms. Maureen Cronin, Assistant Chief Financial Officer, Head of Acute Hospital Finance – ABF/HPO, presented participants with their certificates and thanked all of those undertaking the course for their work in ensuring the quality of HIPE data.

Participants from the previous course and the current course were also invited to attend on the day.

The Audit projects undertaken by the 10 participants included the following areas:

- Review of coding of AR DRG G67 *Oesophagitis and Gastroenteritis* in Paediatrics
- Review quality of HIPE coding in the endoscopy unit where a polypectomy is performed as part of a colonoscopy
- Internal audit of HIPE Coding of Cerebrovascular disease from Code I60 (*Subarachnoid haemorrhage*) to I69 (*Sequelae of cerebrovascular disease*)
- AR DRG B70 *Stroke and Other Cerebral Disorders*
- Review of patients with a diagnosis of Lower Respiratory Tract Infection (J22) who subsequently passed away during their inpatient admission
- Review of cases with J18.9 Pneumonia, unspecified
- Orthopaedic specialty
- Review of haemorrhagic stroke 2015-2017 following on from NHQRS report on in hospital mortality
- Coding review of 25 inpatient charts with a length of stay of 5-120 days
- Review of the quality of HIPE coding of Obstetrics charts and the use of the HADX flag.

Receiving certificates of completion at the HPO on 28th May were Orla Dolan, Mariae Duggan, Catherine Holmes, Jonathan Dunne, Doris Feeley and Mary McPartland. Also present were HPO staff Marie Rice, Helen Nolan and Jacqui Curley.

Certificates of completion were also awarded in absentia to Orla Boyle, Pauline Doherty, Noreen Loughnane and Deirdre O'Donnell.

Congratulations to all!

The third intake for the HIPE audit course are in the process of completing their audit projects. Once successfully completed there will be 28 HIPE staff from 16 hospitals and 3 Hospital Groups who have successfully completed the HIPE audit course. The next stage is to build on this knowledge and experience and develop a network for clinical coding auditors. We hope to organise some events over the coming months to share audit experience, keep audit skills up to date and help prepare for auditing in 10th edition ICD-10-AM/ACHI/ACS.

We will be running the HIPE auditing course again and will advertise this later in the year – the course dates will depend on demand and the roll out of 10th edition.

To all our auditors - keep up the good *quality* work!

Hospital Acquired Diagnosis (HADx) Indicator

The Hospital Acquired Diagnosis (HADx) Indicator has been in use in Ireland since 2011. The Irish Coding Standard 0048 *Hospital Acquired Diagnosis (HADx) Indicator* provides guidance on its use and application. Questions had arisen this year with regard to HADx related indicators firing in the PICQ tool and it is very important that coders are applying this important indicator correctly.

Never change your coding to simply avoid a PICQ indicator firing.

The HPO delivered training courses in February 2019 to ensure that clinical coders have the skills and knowledge to apply the Hospital Acquired Diagnosis (HADx) Indicator appropriately. For guidelines on the application of the HADx flag please refer to ICS 0048 *Hospital Acquired Diagnosis (HADx) Indicator.* In addition the guidelines and examples contained in ACS 0048 *Condition Onset Flag* may serve as a useful guide. Please note that the Australian's ***COF 1 - Condition with onset during the episode of admitted patient care*** is the same as a Hospital Acquired Diagnosis (**HADx**) in Ireland.

A selection of queries from the recent training courses.

Q. Can the HADx flag be applied to sepsis?
A. Yes the HADx flag can be applied to sepsis codes if the condition was diagnosed during the current episode of care and was *not* present on admission.

Q. Can the same diagnosis code be assigned twice to facilitate the application of the HADx flag?

A. Yes, the same diagnosis code can be assigned twice to facilitate the application of the HADx flag.

Australian Coding Standard (ACS) 0025 *Double Coding* instructs coders not to repeat diagnoses codes. The **Irish Coding Standard 0025 *Double Coding*** instructs that a diagnosis code (and/or an external cause code) can be repeated when the same code applies to an episode of care where in one instance a HADx flag applies and in the other the HADx flag does not apply. This is the only derogation from ACS 0025 *Double Coding*. Please note that the AR DRG assignment will not be affected by duplication of the diagnosis codes. Please refer to the example in ICS 0025 *Double Coding* (reproduced below).

Example

Patient fell from a chair at home and had a laceration of the forehead. Patient also fell from a chair when in hospital and lacerated other side of forehead which required suturing.

Code		HADX
S01.88	*Open wound of other parts of head*	
W07.9	*Fall involving unspecified chair*	
Y92.09	*Other and unspecified place in home*	
U73.9	*Unspecified activity*	
S01.88	*Open wound of other parts of head*	Yes
W07.9	*Fall involving unspecified chair*	Yes
Y92.22	*Health service area*	Yes
U73.9	*Unspecified activity*	Yes

In this example duplicated codes have been underlined.

Q. If a patient with a long length of stay has repeated UTI's over the course of the same episode of care do you code them all with HADx?

A. Apart from the exception as per ICS 0025 *Double Coding* the UTI should never be assigned more than once no matter how many times the patient developed a UTI during their long stay.

If the UTI was acquired after admission and during the inpatient stay then this would meet criteria for collection and assignment of a HADx flag would apply.

Hospital Acquired Diagnosis (HADx) Indicator contd

Q. If a patient who has a background of COPD is admitted with an unrelated problem and the COPD is exacerbated during admis sion and meets criteria for collection as an additional diagnosis, is the COPD flagged as HADx?

A. The COPD is not flagged as HADx. Please refer to ICS 0048 *Hospital Acquired Diagnosis (HADx) Indicator* which states that the HADx indicator can only be applied to a true hospital acquired condition and not to the exacerbation of a pre-existing condition.

Q. If a patient with COPD is admitted with an unrelated problem and the COPD becomes exacerbated after admission by pneumonia can the HADx flag be applied?

A. COPD exacerbated by pneumonia requires **two** codes (as per ACS 1008 *Chronic obstructive pulmonary disease*) - J44.0 *Chronic obstructive pulmonary disease with acute lower respiratory infection* and a code for the pneumonia. The **HADx** flag would be applied to the **pneumonia** only, as this is the condition which was acquired after admission.

Q. Can you please clarify the example above of COPD exacerbated by pneumonia during admission - and why pneumonia is assigned the HADx but not the COPD? There is a code for COPD with pneumonia so why would that not be used and given the HADx flag?

A. As the COPD is a pre-existing condition *it is not flagged as HADx*. Please refer to the example below for further clarification.

Example

A 55 year old man was admitted through ED with a fractured shaft of femur after a fall while out hiking in the Wicklow mountains. Patient has controlled COPD and gave up smoking when diagnosed 3 years previous. Patient underwent ORIF under GA (ASA 2). On day 3 of admission patient SOB, cough and chest pain exacerbating his COPD. A diagnosis of pneumonia with exacerbation of COPD was diagnosed by the respiratory consultant and treatment was initiated. Patient was seen by physio before discharge.

Code		HADx
S72.3	*Fracture of shaft of femur*	No
W19	*Unspecified fall*	No
Y92.86	*Other specified countryside*	No
U72	*Leisure activity, not elsewhere classified*	No
J18.9	*Pneumonia, unspecified* →	**Yes**
J44.0	*Chronic obstructive pulmonary disease with acute respiratory tract infection*	No
Z86.43	*Personal history of tobacco use disorder*	No

Also assign interventions codes as appropriate.

Q. If a patient with COPD is admitted with an unrelated problem and the COPD becomes exacerbated after admission by e.g. LRTI, can the HADx flag be applied?

A. Where the condition that occurs after admission is classified to a combination code e.g. J44.0 *Chronic obstructive pulmonary disease with acute lower respiratory infection* a HADx flag is applied to the code. In this example the LRTI is captured in the COPD code (combination code), so therefore it can be flagged as HADx.

Q: If a patient is admitted and there is a history of atrial fibrillation documented in the medical record, and they have an episode of atrial fibrillation during the current admission, would this be flagged as HADx?

A. No, the atrial fibrillation would not be flagged as HADx as it is an exacerbation of a pre-existing condition, as per the guidelines in ICS 0048.

Q: Is Z29.0 *Isolation* flagged as HADx?

A. The application of the HADx flag depends on whether the patient went straight into isolation on admission to hospital, or if they went into isolation during the episode of care. If a condition occurs during the episode of care that requires the patient to be isolated then Z29.0 *Isolation* can be flagged as HADx.

These and other HADx queries submitted to the HPO will be sent out to all HIPE coders later in the year.

Please email HIPEcoding@hpo.ie if you require further clarification.

Cracking the Code

A selection of Coding Queries

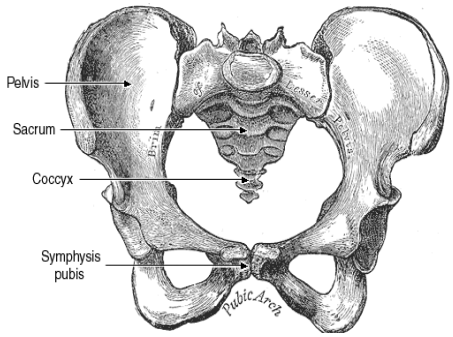
Q. How do I code pain in the symphysis pubis area? The patient is pregnant.

A. The symphysis pubis is a joint at the front of the two large pelvic bones. Pain in this area during pregnancy usually occurs as a result of softening and separating in preparation for labour.

Assign the following codes

O99.8 *Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium* and

M25.55 *Pain in joint, pelvic region and thigh.*



Q. When a patient is receiving intrathecal chemo do we need to code the lumbar puncture with it? This is how it is administered.

A. A lumbar puncture can be used to give chemotherapy. This is called intrathecal chemotherapy. There is no need to code the lumbar puncture in addition because the route of administration is captured in the pharmacotherapy procedure code from Block 1920 Administration of pharmacotherapy .

Code to:

96198-00 [1920] *Intrathecal administration of pharmacological agent, antineoplastic agent*

Please see: https://www.macmillan.org.uk/information-and-support/treating/chemotherapy/being-treated-with-chemotherapy/lumbar-punctures.html

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Q. I have two cases of fracture fixation with bone grafting. However, the bone grafts documented on the operation notes are a) bone substitute granules and b) synthetic bone cubes. Do these types of material qualify for coding as a bone grafts?

A. Both bone substitute and synthetic qualify for coding in ACHI as bone grafts. If the case you are coding documents bone grafting then you can code as such.

Note: There are four key types of bone graft:

1. Autograft – Bone taken surgically from one part of your body and transplanted to another part
2. Allograft – Bone from a human donor
3. Synthetic – Artificially produced
4. Growth Factors – Genetically engineered

See: https://www.medtronic.com/us-en/patients/treatments-therapies/bone-grafting-spine-orthopaedic/what-is-it.html

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Q. How do you code removal of Filshie clips in the pelvis? The patient has a history of caesarean sections and bilateral tubal ligation with application of Filshie clips.

A. The Filshie clip is a single-use, silicone-lined, titanium clip placed with a reusable applicator and designed to permanently occlude the mid-isthmic portion of the fallopian tube segment.

See: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3015424/

As the Filshie clips are used as part of the procedure for sterilisation and not an actual contraceptive device we suggest you code the procedure to:

92141-00 [1896] *Removal of device from abdomen*

Q. How do you code oesophageal candidiasis?

A. Oesophageal candidiasis is also known as candidal esophagitis. We suggest you code to:

B37.81 *Candidal oesophagitis*

Q. A patient has a scar following the removal of a contraceptive device. How do you code this?

A. Where the scar meets criteria for coding as per ACS 0001 and ACS 0002 we suggest coding the scar as follows:

L90.59 *Scar conditions and fibrosis of skin due to other specified cause*

Y83.1 *Surgical operation with implant of artificial internal device*

Y92.22 *Health service area*

Cracking the Code

A selection of Coding Queries

Q. How do you code a GIST (gastrointestinal stromal tumour)?

A. The codes for gastrointestinal stromal tumour are located in the alphabetic index under the main term – "Tumour" and the essential modifier "Stromal" and then the further essential modifier of "Gastrointestinal". The code assigned will depend on the nature of each case as there are a number of possible codes depending on the modifiers available for the various gastrointestinal sites.

Alphabetic Index look up for gastrointestinal stromal tumour:

Tumour,
- Stromal
- - gastrointestinal (GIST) (of uncertain malignant potential) NEC (M8936/1) D37.9
- - - benign (M8936/0) — see Neoplasm/benign
- - - colon D37.4
- - - malignant (M8936/3) — see Neoplasm/malignant
- - - oesophagus D37.79
- - - peritoneum D48.4
- - - rectum D37.5
- - - small intestine D37.2
- - - specified site NEC D37.79
- - - stomach D37.1

For the query in this case where there is no further information on the site or the behaviour other than the term "gastrointestinal stromal tumour" the code assigned will be:

D37.9 *Digestive organ, unspecified (neoplasm of uncertain or unknown behaviour – other digestive organs).*

Q. A patient was admitted at 32 weeks with **Diabetic ketoacidosis** (**DKA**). She was diagnosed with **Type 1 diabetes** on that admission. No previous abnormal GTTs in that pregnancy or any previous pregnancy. How do we code?

A. As per the guidelines in *ACS 0401 Diabetes mellitus and intermediate hyperglycaemia:*

Gestational diabetes mellitus (GDM)

O24.4- *Diabetes mellitus arising during pregnancy* is appropriate where DM is first confirmed at any time during pregnancy.

Where DM is not documented as pre-existing or gestational assign O24.9- *Diabetes mellitus in pregnancy, unspecified onset*.

If there is no documentation as to whether the diabetes is pre-existing or gestational we suggest coding to:

O24.92 *Diabetes mellitus in pregnancy, unspecified onset, insulin treated.*

Q. A patient is admitted for an elective C-Section for Olighydramnios and Female Genital Mutilation (FGM). What code do I use for FGM?

A. As per ACS 1435 *Female Genital Mutilation,* please code this as follows:

3. Pregnancy affected by FGM

Assign O34.7 *Maternal care for abnormality of vulva and perineum* and other relevant codes from Chapter 15 *Pregnancy, childbirth and the puerperium* with an additional code of Z90.7 *Acquired absence of genital organ*(*s*).

Note: Documentation of FGM should not be coded unless meeting the criteria above and/or meeting the criteria for additional diagnoses (see ACS 0002 *Additional diagnoses*).

Source: ACS 1435 *Female Genital Mutilation,* Classification point No. 3

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

To apply for any of the advertised courses, please complete the online training application form(s) at: www.hpo.ie/training or use the link below.

Click 'Ctrl' and click on the link:

http://www.hpo.ie/training/frmTraining.aspx

Please ensure you enter the correct email addresses when applying for courses.

All information provided will be kept confidential and only used for the purpose it is supplied.

Please inform us of any training requirements by emailing hipe.training@hpo.ie

[redacted]

Z-Codes

Date: Tuesday 2nd July 2019
Time: 10.00am—5.00pm
Location: HPO, Brunel Building only

This is a full day course in the HPO covering all aspects of Z-codes.

[redacted]

This course is for coders who have previously attended *Coding Skills* II.

Experienced coders are welcome to attend this course for refresher training.

Date: Tuesday 13th—Thursday 15th August 2019
Time: 10.00am - 5.00pm each day.
Location: HPO, Brunel Building only

HIPE Portal Reporter Training

Date: Tuesday 30th July
Time: 10.00am—12.00am (Part 1)
2.00pm—4.00pm (Part 2)
Location: WebEx only

This is a full day WebEx presented in two sessions, morning and afternoon on the same day. This will provide HIPE Portal Reporter Training. This course is open to all staff working on HIPE.

What would you like to see in Coding Notes?

If you have any ideas for future topics, please let us know.
Thanks and keep in touch: info@hpo.ie

See the 'Find it Fast' section of the HPO website for easy access.
www.hpo.ie/find_it_fast/

SAVE THE DATE!
10th Edition Update Courses

HIPE is updating the classification to the 10th Edition of ICD-10-AM /ACHI/ACS for all discharges from 1.1.2020. HIPE has been using 8th edition since 2015.

To ensure all coders are ready for coding discharges in the updated classification the HPO are holding a series of 2-day workshops at a number of locations across the country. These will be held in November and December 2019.

Registration will open later in the year and notification will be sent out when it opens. In the meantime please note the dates that suit you best in your diaries and save those dates for this training which all HIPE staff must attend.

Location	Date	Time
Dublin—1 Healthcare Pricing Office (HPO), Dublin	5th & 6th November	10am – 4.30pm each day
Dublin—2 HPO, Dublin	11th & 12th November	10am – 4.30pm each day
Dublin—3 HPO, Dublin	14th & 15th November	10am – 4.30pm each day
Cork Mercy Hospital	20th & 21st November	10am – 4.30pm each day
Sligo Sligo University Hospital	28th and 29th November	10am - 4.30pm each day
Galway Merlin Park Hospital, Galway	3rd & 4th December	10am – 4.30pm each day
Dublin—4 HPO, Dublin	10th & 11th December	10am – 4.30pm each day

Thought for Today

It's not what you look at that matters,
it's what you see.

Henry David Thoreau
1817-1862 - Poet - Philosopher.