coding notes. . . .

HIPE UNIT. ESRI

Issue 4 **March 1999**

Update '99

We would like to thank everyone who attended the update courses which were held in Galway, Cork and Dublin in January 1999. A total of 140 coders attended and it was great to see everybody. We hope you enjoyed the courses and that you'll be able to start using the new codes soon. A special thank you to the people in University College Hospital, Galway and in Cork University Hospital who helped co-ordinate the regional courses.

We have since held an additional series of courses including a Refresher Course. This was the first time we held this course and it went very well with lots of lively discussion as well as lots of reviews of coding guidelines. We'll hold another one later in the year for those who missed out.

We will be holding a basic coding course in early April so if you know of any new coders let us know as soon as possible.

Finally there are three small errata in the update manual:

Page 81:

Answer:

No, assign code 998.51, Infected postoperative seroma. Assign an additional code to identify the organism, if known. If the seroma is not infected, assign code **998.13**, Seroma complicating a procedure.

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Answer:

Assign code **574.10**, Calculus of gallbladder with other cholecystitis without obstruction, and 51.24, Laparoscopic partial cholecystectomy.

Page 134

Answer:

Assign code **54.51**, Laparoscopic lysis of peritoneal adhesion. Do not assign code 54.21, laparoscopy, as this is the approach and is already included in code 54.51.

Abbreviations & Table of Drugs and Chemicals

We always welcome your ideas and suggestions. We have updated the drug list recently and have also added the codes for "Undetermined Cause" subsequent to Update 99 changes. You can help keep this documentation up to date by sending us the names of the drugs you come across in the hospitals that are not in the Table of Drugs & Chemicals or on the ESRI`s Drug List.

The list of abbreviations is given to all Coders attending Beginners and Refresher Courses. This list is helpful to all Coders both new and experienced. Every day we come across new terms and abbreviations. For example, recently there was a request for a code for DEXA scanning for bone mineral density. DEXA is an acronym for Dual Energy X-ray Absorptiometry. With your help we can keep this list up to date and relevant.

You can send information that would be helpful to other coders to The HIPE Unit, ESRI, 4 Burlington Road Dublin 4

HIPE Computer

Coding Corner

Physician documentation

Any condition extracted and coded as part of a HIPE record must be documented by the doctor.

Physicians sometimes fail to list reportable conditions that developed during the stay but were resolved prior to discharge. Conditions such as urinary tract infection or dehydration, for instance, are often not included in the diagnostic statement even though progress notes, physician's orders and laboratory reports make it clear that such conditions were treated.

If there is enough information to make it likely that an additional diagnosis should be reported, the physician should be consulted; no diagnosis should be added without the approval of the physician.

It is customary to list the principal diagnosis first in the diagnostic statement. Many physicians, however are not aware of coding and reporting guidelines, consequently this custom is not consistently followed. Because the correct designation of principal diagnosis is of critical importance in reporting diagnostic information, the coder must be sure that medical record documentation supports the designation of principal diagnosis.

The source document for coding and reporting diagnoses and procedures is the medical record (chart). Although discharge diagnosis are usually recorded on the face sheet or the discharge summary of the record, further review of the medical record is needed to ensure complete and accurate coding. Operations and procedures often are not listed on the face sheet or are not described in sufficient detail making a review of operative reports, pathology reports and other special reports imperative.

Medical record review should begin with the discharge summary because it provides a synopsis of the patient's hospital stay, including the reason for admission, significant diagnostic findings, treatment given, the patient's course in the hospital, follow-up plan, and final diagnostic statement. Medical records contain a variety of reports that document the reason the patient came to the hospital, the tests performed and their findings, the therapies provided, descriptions of any surgical procedures, and daily records of the patient's progress. Each report contains important information needed for accurate coding and reporting of the principal diagnosis, other diagnosis, and the procedures performed.

Diagnoses are not always recorded with sufficient information for required specificity in coding. A diagnosis of pneumonia may not indicate the organism responsible for the infection; a review of diagnostic studies of the sputum may provide this information. A diagnosis of fracture may indicate the bone but not the particular part of the bone, information necessary for accurate code assignment; the X-ray report will provide this information. It is appropriate to use medical record information to provide more specificity in coding without obtaining concurrence from the physician.

Heliocobacter

The new code for heliocobacter 041.86 will now be sequenced after the gastric problem for all discharges from 1.1.99

e.g. Gastritis with Heliocobacter

PDX: 535.5 Gastritis

041.86 Heliocobacter

Note: **L.R.T.I.** (Lower Respiratory Tract Infection) Without any further physician documentation is coded to 519.8. Use of any other code is incorrect.

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

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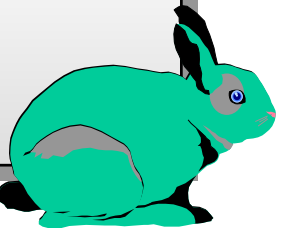

Happy Easter!