

Coding Notes

HIPE Unit, ESRI



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ICD-10-AM

A new era for clinical coding in Ireland

Following an international review of options for the update of morbidity coding in Ireland and a Pilot study of ICD-10-AM, the decision has been made by the Department of Health and Children to update the coding of clinical data in HIPE to the ICD-10-AM classification. ICD-10-AM is the **International Statistical Classification of Diseases and Related Health Problems – Tenth Revision – Australian Modification**.



The Department of Health and Children has approved ICD-10-AM as the Irish national standard from January 2005 and this classification will supersede ICD-9-CM for morbidity coding in Ireland in HIPE as of 1st January 2005.

ICD-10-AM consists of:

- 1. A disease classification** based on the World Health Organization's (WHO) publication ICD-10 with modifications to ensure a current and appropriate classification for clinical practice
- 2. A new procedure classification** – ACHI (Australia Classification of Health Interventions)
- 3. Australian Coding Standards** to aid in the selection of disease and procedure codes.

The Classifications are presented as a five volume set in both a standard book (5 volumes) format and e-book format.

ICD-10-AM is maintained and developed by the National Centre for Classification in Health (NCCCH) in Sydney, Australia, with support from the Commonwealth Department of Health and Family Services, the Australian Institute of Health and Welfare and the Australian Bureau of Statistics.

All HIPE discharges from 1st January 2005 will be coded using ICD-10-AM. The W-HIPE software will be amended to accept the appropriate code according to the discharge date. Patients discharged on or before **31.12.04** will be coded using **ICD-9-CM**. Patients discharged on or after **1.1.05** will be coded using **ICD-10-AM**.

We look forward to this new era for coding in Ireland. We hope all those involved in HIPE in Ireland will embrace this opportunity to move forward with ICD-10-AM. Training will begin in Summer, 2004. Turn to pages 3 and 4 for some samples of coding diagnoses and procedures with ICD-10-AM.



Cracking the Code!



A selection of queries received in the HIPE unit recently

Question:

A woman was admitted to the hospital complaining of severe abdominal pain. The physician diagnosed the patient as suffering from hyperstimulation of the ovaries that resulted from use of fertility drugs. How should the diagnostic statement 'hyperstimulation of the ovaries' be coded?

Answer:

Assign code 256.1, Other ovarian hyperfunction, and code E932.4, Adverse effect in therapeutic use, anterior pituitary hormone, for hyperstimulation of the ovaries. This condition may occur in some women who are treated with fertility drugs (e.g. human menopausal gonadotropin). The ovaries become swollen and may be painful. In severe cases fluid accumulates in the abdominal cavity and chest. In a small percentage of cases, hyperstimulation requires hospitalisation.

Question: A patient was admitted to our hospital with haemorrhoids. They had a procedure carried out called banding of haemorrhoids. How do I code this procedure?

Answer: The code for banding of haemorrhoids is 49.45 Ligation of haemorrhoids – the tying off of haemorrhoids using small rubber bands.

Question: A patient presented to our hospital with cellulitis of the arm due to injection of cocaine. What codes would I use?

Answer: Assign code 682.3 Other cellulitis and abscess upper arm and forearm & code E920.5 Accidents caused by cutting and piercing instruments or objects - Hypodermic needle & code 305.60 Cocaine abuse unspecified.

Question: When a piece of tissue is taken for a clo test during a Oeophagogastroduodenoscopy (OGD). Is this a biopsy?

Answer: Yes, this is coded to 45.16 (OGD with Closed biopsy)

Quality How to deal with queries from the ESRI

Along with the regular checks on your exports which we do routinely, we are also looking at your individual hospital's data specifically from a quality perspective and producing a range of reports to guide checks on the data. All hospitals receive queries and most are generated through Reporter checks. These queries will compliment the existing edit checks run as you enter data on the PC. These built in edit checks are constantly being monitored and updated.

These are checks to:

- **Improve** the quality of hospital and national data
- **Discover** common errors that may be occurring in your hospital



Responding to Quality Checks from ESRI

- Respond in a timely manner – Don't let them build up!
- Indicate what changes you have made to each case.
- Ticking cases is NOT sufficient to show that cases have been reviewed, changed or understood.

- **If you are unsure of the guideline contact us**
- If you do not agree with the query please let us know
- **Don't just change a case because it is queried!**

Let us know if you have an idea for a Reporter Check for the National File.



Coding with ICD-10-AM



Coding with ICD-10-AM will provide more information for coders when assigning diagnoses and procedure codes. Assigning diagnoses and procedures codes will follow similar steps to coding with ICD-9-CM. A comprehensive training programme will be undertaken in preparation for the changeover in January 2005. To get started here are some examples of coding diagnoses and procedures in ICD-10-AM. In ICD-10-AM there is the Australian Coding Standards (ACS) Volume which provides information to coders when assigning codes.

Coding a diagnosis in ICD-10-AM - Bladder Weakness

Select main term and modifiers from Alphabetical Book – Volume 2 (Yellow Book)

Weak, weakness (generalised) R53

- arches (acquired) M21.4
- - congenital Q66.5
- **bladder (sphincter) R32**
- foot (double) — see *Weak, arches*
- heart, cardiac (see also *Failure, heart*) 150.9
- left-sided — see *Hemiparesis*
- limb R29.89
- mind F70.-
- muscle M62.8-
- myocardium (see also *Failure, heart*) 150.9
- newborn P96.89
- pelvic fundus N81.8
- right-sided — see *Hemiparesis*
- senile R54
- valvular — see *Endocarditis*

Verify in the Tabular – Volume 1 (Red Book)

R32 Unspecified urinary incontinence

1808 Enuresis NOS

Excludes: nonorganic enuresis (F98.0)
stress incontinence and other specified urinary incontinence (N39.3–N39.4)

Refer to ACS (Australian Coding Standard 1808 for further information – Volume 5 (Purple Book)

ACS 1808 Incontinence

Incontinence is clinically significant when the incontinence:

is not clinically considered to be physiologically normal,
is not clinically considered to be developmentally normal, **or**
is persistent in a patient with significant disability or mental retardation.

Urinary and faecal incontinence codes (R32 *Unspecified urinary incontinence*, R15 *Faecal incontinence*) should be assigned only when the incontinence is present at discharge or persists for at least 7 days.

Answer: Assign code R32 – Unspecified urinary incontinence.

Coding a Procedure in ICD-10-AM – Cystoscopy under General Anaesthetic (ASA = 10)

Select main term and modifiers from Alphabetical Procedures Book – Volume 4 (Green Book)

Cystoscopy (with urethral dilation) 36812-00 [1089]
 -for
 --control of haemorrhage (postoperative)
 ---bladder 36842-00 [1092]
 ---prostate 90392-00 [1162]
 --examination of intestinal (colon) (ileum)
 ---conduit 36860-00 [1065]
 ---reservoir 36860-01 [1065]
 -with
 --biopsy
 ---bladder 36836-00 [1098]
 ---prostate 37215-00 [1163]
 ---renal pelvis, brush 36821-00 [1047]
 ---ureter 36806-00 [1075]
 ---brush 36821-02 [1075]
 --catheterisation of ureter (unilateral) 36824-00 [1066]
 ---with fluoroscopic imaging of upper urinary tract 36818-00 [1066]
 ---bilateral 36824-01 [1066]
 ---with fluoroscopic imaging of upper urinary tract
 ETC.....

Check
Tabular

1089 Examination procedures on bladder

36812-00 Cystoscopy

Includes: urethral dilation

36812-01 Cystoscopy through artificial stoma

Answer: Assign Code 36812-00 for Cystoscopy.

- under General Anaesthetic (ASA = 10)

Anaesthesia

-cerebral (gaseous) (inhalational) (intravenous)
 --general 92514 [1910]
 --sedation 92515 [1910]
 -conduction
 --infiltration of local anaesthetic 92513 [1909]
 --etc...
 -**general (gaseous) (inhalational) (intravenous) 92514 [1910]**
 -local, infiltration 92513 [1909]
 -neuraxial block (caudal) (epidural) (spinal) 92508 [1909]
 --during labour 92506 [1333]
 ---and caesarean section 92507 [1333]
 -sedation (gaseous) (inhalational) (intravenous) 92515 [1910]
 -topical 92513 [1909]

Check
Tabular

1910 Cerebral Anaesthesia

0031 For explanation of extension codes see Anaesthesia Table

92514-10 General anaesthesia, ASA 10

General anaesthesia:

gaseous
 inhalational
 intravenous

Includes: use of artificial airway

Refer to ACS (Australian Coding Standard 0031 Volume 5 (Purple Book)

0031 Anaesthesia

This standard refers only to anaesthesia (partial or complete loss of sensation), anaesthetics (drugs used to induce anaesthesia), and certain types of postprocedural analgesia. For guidelines relating to pain management not associated with surgical procedures, see ACS 1807 Pain diagnoses and pain management procedures.

Definition

Cerebral anaesthesia

The term 'cerebral anaesthesia' in ICD-10-AM encompasses the anaesthetic procedures of general anaesthesia and sedation.

1. General anaesthesia

92514-XX [1910] General anaesthesia is to be assigned for all types of general anaesthesia. This includes intravenous anaesthesia, inhalational anaesthesia or a combination of both.
 etc.....

Answer: Assign Code 91514-10 for General Anaesthetic (ASA = 10)

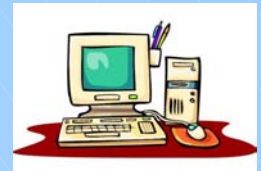
Windows HIPE Backup Review

By Mark McKenna

What is a Windows HIPE backup?

A Windows HIPE backup is a secure copy of your local HIPE data which will facilitate restoring your Windows HIPE system in the event of technical difficulties resulting in data loss.

Why is it important to carry out a Windows HIPE backup?



Consider the following scenarios in relation to your hospital's HIPE data.

1. **What would happen if your computer crashed or your Windows HIPE data became corrupt and could no longer be used?** The only solution to this problem is to have your Windows HIPE data backed up so that they can easily be restored.
2. **If your Windows HIPE data are not backed up, how long will it take to find the charts that have been lost off your system and have them rekeyed?** This will vary from hospital to hospital and it will depend on how long it has been since the last successful backup was carried out. It is reasonable to say that it would take a considerable length of time to recode and key the lost cases.
3. **Is it possible that the Windows HIPE data can be restored from the exports that have been sent to the ESRI?** While it is possible to restore Windows HIPE data that has been exported to the ESRI from your hospital, not all information keyed locally in hospitals are contained in these exports e.g. patient names are never exported. Your local backup is the *only* way to restore a complete copy of the data you have collected.
4. **What is the likelihood of my computer crashing or the Windows HIPE data becoming corrupt?** Although computers have become increasingly reliable, and may work without any problems for years, they can also fail and if the data are not backed up cases may be lost and have to be rekeyed.
5. **How can I prevent losing my Windows HIPE data?** Regular backups are the best way to ensure that the most up-to-date, complete and accurate version of your data is available to restore onto your Windows HIPE system. Restoring the Windows HIPE system may be necessary in the event of a hard disk crash, or other system failure, causing data loss. *Carrying out routine backups will avoid the time-consuming task of re-keying HIPE discharges if data loss occurs.*

Important Notes



- It is very important to keep all your backup disks/tapes in a safe and secure place (preferably located in a room elsewhere in the hospital).
- Disks/tapes need to be protected from physical damage, dust, high or low temperatures and magnetic fields.
- Formatting disks/tapes before use will alert you to any errors on the disk.
- It is advised that you replace floppy disks after they have been overwritten 3 times. Dispose of disks if error messages appear when formatting or writing.
- Dispose of disks that show signs of physical damage to the plastic or metal covers
- It is recommended that you move from storing your backup on floppy disks to a more stable medium. e.g CDs and Zip Disks.

How often should a backup be carried out?



The frequency of carrying out backups is dependent on your work practices. For a large hospital that enters data every day it is recommended that a daily backup takes place. For hospitals that key less frequently it is recommended that a backup is done on each day that keying has been carried out.

In other words “**Backup as often as you key**”!

Backup Methodology



In addition to maintaining daily backups it is recommended that you maintain four sets of weekly backups (covering the past four weeks) and three sets of monthly backups (covering the past three months). This means that you should always have seven sets of backups (i.e. sets of disks, etc.) which can be labeled and rotated. You can obtain a sample back up log which will allow to record when a back up was carried out by contacting the HIPE Unit in the ESRI.

Some relevant questions for yourself and your IT Department

1. Who carries out your backup? Is it carried out by your IT department or someone in the HIPE department?
2. How often are backups carried out? How often do you key cases?
3. What medium is used for your backup, i.e. CD, tape, zip or floppy disk? How old is your backup medium?
4. How do I restore my Windows HIPE data? Who is responsible for restoring the data?
5. Where are my backups stored? Is the location safe and secure?

Day Cases subsequently admitted as In-Patients

A number of recently conducted audits have highlighted the necessity to review the guidelines in relation to patients admitted from the day ward and also the use of Type of Admission 5 Emergency Re-admission where appropriate. The following guidelines relate to this issue:

A day case is a patient who is admitted to hospital on an elective basis for care and/or treatment which **does not require the use of a hospital bed overnight** and who is **discharged as scheduled**. (Ref: HIPE Instruction Manual)

✚ If a patient is discharged home from the day ward and is subsequently re-admitted to the hospital as an inpatient later that day, the same date of admission would apply to both cases. Both of these cases are valid. If this is a RE-admission please use a “Type of Admission” code to reflect this.

For example patient returns to hospital with bleeding per rectum having been *discharged home from the day ward* earlier that day following a colonoscopy. In this case Type of Admission 5 – Emergency Re-admission would be appropriate.

✚ If a patient is treated in the day ward but instead of being discharged is admitted from there as an inpatient **the case is escalated to an inpatient stay**.

Please use these guidelines to ensure these cases are coded correctly. Hospitals recording patients with two admissions for the same date (and where the type of admission code does not indicate a re-admission) will receive a listing of cases to be checked and corrected as appropriate and in accordance with these guidelines. (Previously published in Coding Notes of August 2001).

Competition Results

Thanks to everyone who entered our Christmas Crossword Competition – we had a record number of entries.



The winner is **Bernie Kiely**, Cork University Hospital.

Congratulations Bernie, your prize is on the way.

Clinical Coding Ireland – congratulations on the formation of this society. We look forward to working with you in the future.

Refresher Courses

We have had a fantastic response to our refresher courses that have been running nationwide over the past year. It has been a great opportunity for experienced coders and HCCs to come together and check through guidelines and review work practise. It is vital with the move to ICD-10-AM that all coders are up to date on current coding practice and these courses have provided an ideal forum for this.

The final refresher course of this series is being held in the ESRI in Dublin on

Wednesday and Thursday, 28th and 29th April

If any coders have not attended a refresher course and would like to attend please contact Marie Glynn immediately.

Closing Dates for completed applications forms is Monday, 12th April 2004.

As always, if you have any coders requiring **Basic Training** contact Marie Glynn also.

Watch this space for announcements on
ICD-10-AM training courses.



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

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