Spring News

The ESRI website **(www.esri.ie)** has been revamped and now includes lots of information available on all aspects of HIPE including information on the upcoming **Casemix Conference** to be held this year in **Sligo** from **18th - 20th April**. There is also information on current **job opportunities** within the HIPE & NPRS Unit at the ESRI.

All past editions of **Coding Notes** are available for download and you can also subscribe to Coding Notes through the website and have it emailed direct to your inbox. Many of the documents useful in HIPE are also available for downloading including the latest edition of the **HIPE leaflet**. We have sent these leaflets out so let us know if you require extra copies. A new feature coming soon to the website will be a **Data Reporter** which will enable users to look up national HIPE data. Keep an eye on the website and the next edition of Coding Notes for more information on this exciting innovation.

In the coming weeks we will be doing a **survey** to update our records on HIPE staff in the hospitals. This information is important as we plan and develop training courses for the future. We have two new courses running in **May 2007**, one on **Data Quality** and the other is an introduction to the subjects of **Medical Terminology** and **Anatomy & Physiology**. If you want to attend any of the upcoming courses be sure and apply as soon as possible as places will be limited. See the back page of Coding Notes for further information. If you have not received a copy of the **training calendar** (see left) let us know and we'll send one to you.

Another useful website to keep an eye on is the **NCCH (www.NCCH.com. au)** The latest edition of **Coding Matters** was issued in early March and the **ICD-10-AM Commandments** section is important as this information complements the classification, the ACS and the ICS. All back copies of Coding Matters are available on this website. If you cannot access these please let us know. Note: The eBook will only contain references to ICD-10-AM Commandments pre-September 2005. Any subsequent editions need to be downloaded and reviewed individually.

As the year moves along we look forward to meeting you at one of the many training courses scheduled or at the Casemix Conference. We are visiting hospitals throughout the year and please let us know if you want to be included in these visits.

Inside this issue:

Variables Update

Temporary Leave Days (with effect from 01.01.2007)

This variable will provide a more accurate reflection of a patient's length of stay in hospital by excluding those days where a patient may be allowed home temporarily for up to 3 nights. Where a patient is allowed a home visit during an admission, the length of stay for the episode is more accurately reflected by flagging the number of days a patient is allowed home.

The number of temporary leave days, as entered by the coder where the information is available from the chart, will assist in providing a more accurate picture of the length of the episode of care in hospital.

Additional Diagnoses - Renal Dialysis Day Cases

For those day cases where the reason for admission is for dialysis, the record will have a principal diagnosis of Z49.1 *Extracorporeal dialysis*. Additional diagnoses codes can be assigned to record the reason that the patient requires renal dialysis. Additional diagnoses are not mandatory with Z49.1, this is in line with international practice for ICD-10-AM coding. Where required locally, additional codes can be assigned for the patient's underlying renal disease.

"There have been many debates about what should be coded for a patient attending hospital for a haemodialysis session (there was a discussion on the Code-L listserver in November/December 1997 and another in October/November this year). At the very minimum, for a haemodialysis session admission, codes Z49.1 *Extracorporeal dialysis* (as principal diagnosis) and 13100-00 [1060] *Haemodialysis* (procedure code) should be used. A code from N18.- *Chronic renal failure* may be assigned as an additional diagnosis code. The cause of the end-stage renal disease may also be coded as an additional diagnosis".
 Source: Coding Matters, Volume 5, Number 3, January 1999

Where an <u>in-patient</u> receives multiple dialysis treatments, the procedure code for dialysis is coded once. Please refer to point (c) in ACS 0020 Multiple/Bilateral Procedures. This is in line with the coding of other treatments such as chemotherapy. Where a local need exists to record the number of dialysis treatments received by an inpatient this can be provided by producing Excel reports from w-HIPE and entering the number of dialysis treatments. Please contact the HIPE Unit if you require further assistance with this.

Grouping of Day Cases

As per HSE circular (CX No.1 / 2007), day cases will be grouped to Adjacent DRGs (A-DRGs). The grouping will be to Australian Refined DRGS (assigned for inpatients) but without any split for severity. There are 332 A-DRGs. W-HIPE Reporter includes the facility to produce casemix reports for day cases at A-DRG level.

HIPE Data

HIPE Data – A Planning & Measurement Tool

The Department of Health and Children and the Health Service Executive use HIPE data extensively for service planning and monitoring purposes. **Health Information – A National Strategy**, states, "The HIPE system, administered by the ESRI, has evolved over time to become an essential tool for the analysis of acute hospital activity and for the allocation of resources by the DoH&C to hospitals through the Casemix model."

It is in your hospital's interest that the most complete and accurate data are provided within 3 months of discharge. Every record is important and we urge all hospitals to strive for 100% coverage of inpatient and day case activity so that HIPE data can be used with confidence for a wide range of reporting applications.

2004 HIPE National File

It is planned to close the 2004 HIPE National File following the April 2007 export.

Please forward outstanding corrections and additional records for 2004 until this time to ensure that the HIPE National File for 2004 is complete and accurate.

To include 2004 records in a monthly export you will need to change the default start year to 2004.

We will be contacting those HIPE Hospitals shortly with any outstanding 2004 records to ensure that these are added to the HIPE National File prior to closure.

HIPE Data - A Research Tool

National HIPE data is available from the HIPE Unit within the Health Policy and Information Division, ESRI. In 2006 over 200 requests were handled from a variety of users, including hospitals, health professionals, universities, commercial companies, charities and journalists.

All requests for national HIPE data should be put in writing and posted to Aisling Mulligan or emailed to **HIPEDataRequests@esri.ie.**   To aid this process a **HIPE Data Request Form** is now available on our website. This form must be completed in full by all requesting HIPE data. Remember to allow adequate time for the request to be processed.

All report requests provided by the ESRI must respect confidentiality constraints protecting patient, doctor and hospital identification. The HIPE Information Leaflet, HIPE Instruction Manual, copy of HIPE Summary Sheet and HIPE Reports are useful in providing background data on HIPE and these are all available on our website, **www.esri.ie/health_information/hipe/.**

Email Exports

As most new computers are now shipped without floppy disk drives, this means a few changes for Windows HIPE as it has predominantly used floppy disks for exports. In response to this, Windows HIPE 2.9A has a new Email Export feature that creates an email with the export attached automatically.
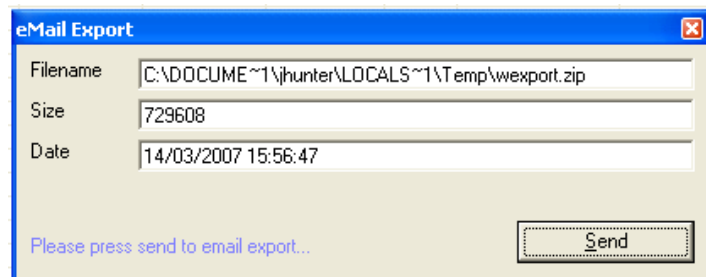
STEP 1

To use this feature in Windows HIPE go to 'Export Options' in the Export Dialog box as illustrated (see right).
Choose the second option 'Email the export automatically', then choose 'Encrypt the export'.
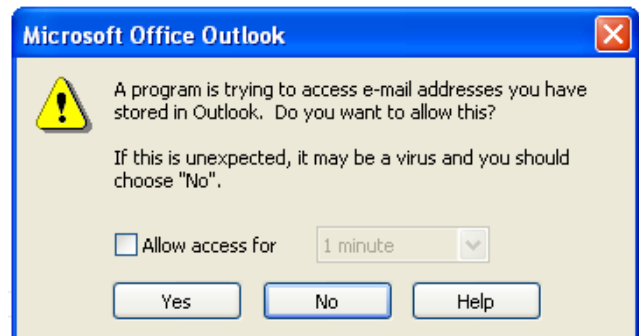
STEP 2

Export as normal from here and when the export has been created a new dialog will appear.

STEP 3

When you click on 'Send' another message will appear asking for permission to allow Windows HIPE access to your email client. Click 'Yes' to this message as shown:

STEP 4

Once this is complete a new email will pop up in your email client ready to be sent as displayed.
Click on 'Send' as normal and the message will be sent to Export@esri.ie.

If there are any issues in using this functionality please contact IT in the Health Policy & Information Division.

Training of HIPE Coders

Please inform the HIPE Unit, Health Policy & Information Division, ESRI when a new coder joins the HIPE Dept of your hospital as to whether they have:

- Experience using ICD-10-AM 4th edition
- Worked as a clinical coder using ICD-10-AM 4th edition in another acute hospital in Ireland
    - Recently
    - Or in the past
- Worked as a clinical coder using ICD-10-AM 4th edition in another country

Arrangements can be made for initial training, or for further training depending on the circumstances. It is necessary for all coders joining the HIPE system to attend at least Module 1 of the Basic Course.

Suggestions for future training courses

As always we welcome suggestions for future training courses. If there are any specialties that you would like further training on, please email Marie Glynn. Please give details of the areas or specialties you would like covered at a training course or hospital visit.

You can help

We are always looking for sample charts for use at training courses of all levels. If you have a case that can be used, please send a de-identified copy of the chart to Marie Glynn or summarise the case and email to hipecodingquery@esri.ie.

Report on Perinatal Statistics 2003

The National Perinatal Reporting System (NPRS) Report for 2003 has been published. NPRS work alongside HIPE in the Health Policy & Information Division. This system is the principal source of national data on perinatal events in Ireland. Each NPRS record represents each individual birth that occurs either in a hospital or as a homebirth in Ireland each year.

- In 2003, 61,989 births were notified to the NPRS, this represents a 2% increase in births for 2003 compared with 2002.
- The birth rate is estimated at 15.5 per 1,000 population.
- Delivery by caesarean section accounts for 24% of all live births in 2003, this compares to a caesarean section rate of 22% in 2002.
- The average birth weight of babies born in 2003 is estimated at 3,471g.
- In 2003, as in each year since 1999, single mothers accounted for 30% of all women giving birth.
- The trend in the breastfeeding rate continues to be upward at 41% in 2003 compared to 36% in 1999.
- There were 236 home births attended by independent domiciliary midwives in 2003 compared with 288 in 2002.
    - Please contact the NPRS Unit at the ESRI for further information.
    - A full PDF of the Report on Perinatal Statistics for 2003 can be downloaded from our website, www.esri.ie
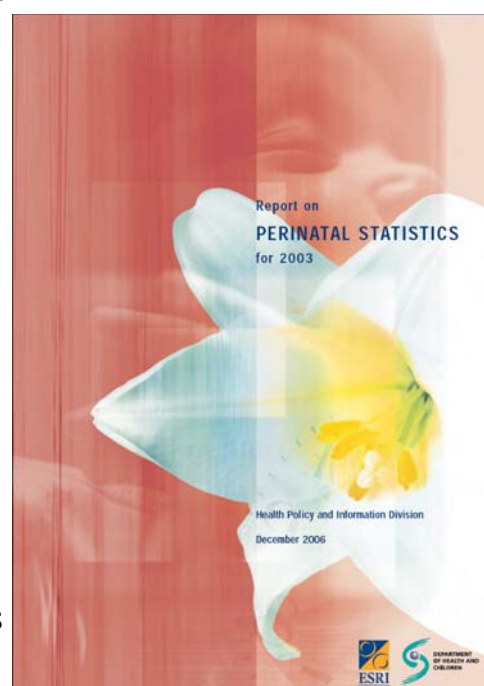
Cracking the Code
A selection of recent coding queries.

Castleman's Disease
What is the code for Castleman's Disease?
Castleman's disease is a rare disorder characterised by non-cancerous tumours that may develop in the lymph node tissue. There are two main types of Castleman's Disease and these are classified accordingly:
- Hyaline Vascular Type (localised disease)
D21.9 *Other benign neoplasm of connective & other soft tissue, unspecified*
- Plasma Cell Type (systemic disease)
D47.9 *Neoplasm of uncertain or unknown behaviour of lymphoid, haematopoietic & related tissue, unspecified*
(This supersedes all previous advice given.)

## Use of Z75.3 *Unavailability and inaccessibility of health care services*
Can Z75.3 be used for patients who are transferred because of unavailability and inaccessibility of health care services who don't have a suspected condition as outlined in ACS 0012 Suspected conditions?
As per ACS 0012, Z75.3 is used to 'identify patients transferred because of a <u>suspected</u> condition.' It is not to be used with every transferred patient as the reason most patients are transferred is because the original hospital does not have the appropriate facilities.

CT Coronary Angiogram
A CT (computerised tomography) coronary angiogram uses intravenous dye and CT scanning to image the coronary arteries. Assign the following codes for this procedure:
38215-00 [668]   *Coronary angiography*
57341-00 [1966] *Intraoperative computerised tomography*
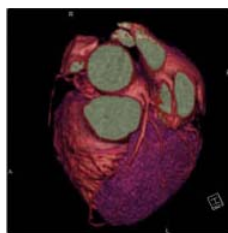
Focal & Segmental Glomerulosclerosis
See the following Index (Volume 2) pathway:
Sclerosis
- focal and segmental (glomerular)
— code to N00-N07 *Glomerular diseases* with a fourth character .1 *Focal and segmental glomerular lesions*

Trigger Point Injection
Trigger point injections are used to treat painful areas of muscle that contain trigger points. Trigger points are knots of muscle that form when muscles do not relax. Assign the following code for trigger point injection:
90560-00 [1552] *Administration of agent into soft tissue, NEC*

Change of Dressings
An ICU patient underwent daily changes of dressings under sedation and epidural top-up. Can the dressings be coded even though they are listed in ACS 0042?
Any of the listed conditions in ACS 0042 *Procedures normally not coded* can be coded if performed under anaesthesia. In the case cited, assign codes for the change of dressings and the anaesthesia as appropriate.

Recurrence of Malignancy
A patient is admitted with a recurrent neoplasm. Do we code a history of malignancy to show that this is a recurrence?
A personal history code is not assigned in these cases. As per ACS 0237 *Recurrence of malignancy* 'If the primary malignancy previously eradicated has recurred, assign a code for the original primary site using the appropriate code from C00-C75. Code also any secondary sites mentioned.' A history code is not assigned in these cases.

Fracture / Dislocation
A patient is admitted with a fracture and dislocation of their proximal phalanx. Are two codes required?
Yes, as per ACS 1918 *Fracture & Dislocation*, 'code both the fracture and the dislocation with the fracture sequenced first'. Also see the code also note at the following Index (Volume 2) entry:
Dislocation
- with,
- - fracture—code also *Fracture*, by site
External cause codes are also required.

Dorsal Spine
Where is the dorsal spine?
The dorsal spine is another name for the thoracic spine.

Pigtail Drain / Catheter

How is the insertion of a pigtail drainage catheter coded?

Please see the following Index (Volume 4) entry for coding pigtail catheters for drainage:

Drainage
- by site
- - percutaneous

Passive Smoking

Can you suggest a code for passive smoking?

Where passive smoking is documented by the clinician and the criteria in ACS 0002 *Additional diagnosis* is met, the following code can be assigned:

Z58.8   *Other problems related to physical environment*

Right Iliac Fossa Pain

As the iliac fossa is a part of the pelvis, would it be correct to assign code R10.2 Pelvic and perineal pain for a diagnosis of right iliac fossa (RIF) pain?

In medical terms, the abdominal area is categorised into 9 segments. The right iliac fossa in these terms is defined as the being the lower abdomen. Therefore, the following code is assigned for a diagnosis of right iliac fossa pain:

R10.3   *Pain localised to other parts of lower abdomen*

Intubation in A&E

If a patient is intubated in A&E and then transferred to ICU for ventilation, do we code the intubation?

As per previous advice, procedures performed in A&E are not coded. Only procedures performed following admission are coded in HIPE. In the case cited, if a patient is intubated in A&E before they are admitted, the intubation would not be coded. The calculation of the duration of CVS would begin when the patient is admitted to the ward/ICU. This is in line with ACS 1006 Respiratory support 'Admission of a ventilated patient - For those patients who are admitted with continuous ventilatory support in place, begin counting the duration at the time of admission.'

Fall Involving Bus

A patient fell down the stairs of a bus. Is this coded as a transport accident?

Yes. Assign the following external cause code for the case cited:

V78.4   *Bus occupant injured in noncollision transport accident, Person injured while boarding or alighting*

An additional external cause code may be assigned to capture the fall. Place of occurrence and activity codes are also required.

Notes relating to the coding of transport accidents (V01-V99) can be found in Volume 1 *Tabular list of diseases* p.471-474.

Diphtheroids

When 'diphtheroids' are documented on a microbiology result, can this be coded to diphtheria?

Diphtheroids are a type of bacteria that are non-pathogenic (incapable of causing disease). Documentation of diphtheroids is not to be coded as diphtheria. Please note ACS 0010 *General abstraction guidelines* 'Do not code laboratory, x-ray, pathological and other diagnostic results which require the interpretation of the treating clinician to decide their clinical significance and/or relationship to a specific condition.'

Diabetes with Ischaemic Heart Disease

Can code E1-53 Diabetes mellitus with diabetic ischaemic cardiomyopathy be assigned for a patient who has diabetes with ischaemic heart disease?

No. Ischaemic heart disease and ischaemic cardiomyopathy are two different conditions.   As IHD is not listed in the Index under 'Diabetes, with' it is not coded as a diabetic complication.

Rectus Sheath Haematoma

Assign the following code for a diagnosis of rectus sheath haematoma:

M62.88   *Other specified disorders of muscle, other site*

Upcoming Courses

ICD-10-AM Basic Course

MODULE 1
Dates: Wednesday 16th May & Thursday 17th May, 2007
Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay,
          Dublin 2

MODULE 2
Dates: Tuesday 12th June - Thursday 14th June, 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.

Medical Terminology / Anatomy & Physiology- An Introduction
Date: Tuesday 15th May, 2007
Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

HIPE Data Quality Education Day

Date: Tuesday 29th May, 2007
Venue: ESRI, Whitaker Square, Sir John Rogerson's
          Quay, Dublin 2

Z-Codes Workshop

Date: Thursday 7th June, 2007
Venue: ESRI, Whitaker Square, Sir John Rogerson's
          Quay, Dublin 2

Marie Glynn presents an Introduction to ICD-10-AM to participants from the Department of Public Health, HSE at the ESRI in January.

And the winner is…..
Congratulations to Linda Rushe from University College Hospital Galway, who is the lucky winner of our Christmas Quiz competition. Your prize is on the way!

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.
Email: danielle.calvert@esri.ie