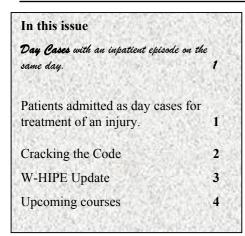
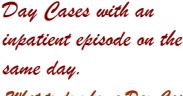
# Coding Notes



September 2001

### Issue 14







What to do when a Day Case converts to being an inpatient.

Some hospitals have recently received a list of admissions where a Day case patient has been admitted twice on the same date. This check relates to day case patients with another episode recorded for the same date.

The following guidelines relate to this issue:

- A patient who is a day case is admitted and discharged as planned on the same day.
- 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. This represents two separate episodes of care and both these cases are valid.
- If a patient is treated in the day ward and is admitted directly from there, as an inpatient (without being discharged) <u>the two cases become one single inpatient stay</u>. It is not correct to code the day case and the inpatient episode separately as the patient was not discharged from the hospital. This is a single episode of care. The day case definition states 'discharged as planned' and these patients were not and therefore do not qualify as day cases.

Please use these guidelines to ensure these cases are coded correctly.

# Guidelines for coding injuries when the patient is admitted as a day case.

If a patient is admitted to hospital electively as a day case with an injury for treatment the following guideline apply:

The source of admission remains '1' (Booked admission from waiting list). Code the injury and enter an explanation note to explain that the injury is still present and that the patient has been admitted electively for repair. Code also the E-codes to explain how and where the injury occurred (if this information is available to you) and code any procedure. Do not change the source of admission in cases where the admission is planned. (See "Cracking The Code" p2 for an example).





A selection of queries received in the HIPE unit recently

#### Question:

A patient is admitted as a day case for removal of a foreign body from his foot (stepped on needle). I have coded this to 892.1-(wound, open complicated, foot - foreign body in foot) and procedure code 98.28 (Removal of foreign body from foot, without incision), but the HIPE system says that the source of admission and PDX are in conflict.

What is the correct way to code this situation?

#### Answer:

Code 892.1 (Wound, open complicated, foot) as PDX followed by the E-code - E920.4 (Accidents caused by cutting and piercing instruments or objects, Other hand tools and implements) procedure

98. 28 (Removal of foreign body from foot, without incision) for removal of the foreign body.

#### Question:

A patient presented to our hospital for a coronary angiogram with no history of coronary artery bypass graft and the diagnosis on the angiogram states coronary atheroma. How do I code this case?

#### Answer:

The coding book directs you to Arteriosclerosis, coronary when you look up Athermoma, Coronary (artery) (p31). Therefore you will code this to arteriosclerosis of native coronary artery - 414.01.

#### Question:

How do I code a patient who has delivered a baby and has now developed pulmonary oedema on the same admission?

#### Answer:

Use code 674.82 (Other complications of the peurperium) with fifth digit '2' to indicate that the patient has delivered on this admission and that there is a postpartum complication followed by 518.4 for pulmonary oedema.

#### **Question:**

A patient admitted to hospital for excision of amniotic band syndrome. What diagnosis and procedure code would I use?

#### Answer:

Amniotic Band Syndrome is an accessory skin ribbon caused by amniotic band becoming wrapped around particular parts of a patient's body before birth. The diagnosis code in this case would be 75739 (Other specified anomalies of skin). The procedure code is 86.84 - excision of ribbon band.

#### Question:

A patient with carcinoma of the prostate is admitted to our hospital for prechemotherapy insertion of a cannulla. The chemotherapy will be done elsewhere. What code do I use for principal diagnosis?

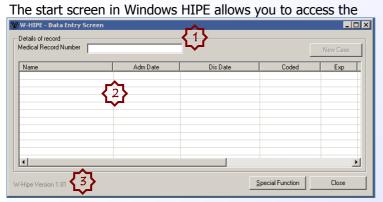
#### Answer:

When a patient is admitted for the purpose of inserting a port for the later administration of chemotherapy and no chemotherapy is given during the same episode of care the malignancy, 185 (Malignant neoplasm of the prostate) is coded as the principal diagnosis.



Windows HIPE is currently operating in the majority of hospitals and it is our objective to ensure that all hospitals will be using the system by mid October.

On occasion we plan to highlight different aspects of the W-HIPE system in coding notes. In this issue the W-HIPE **Start Screen** is selected for review.

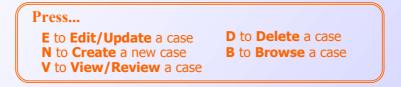


functionality of the HIPE system. The screen allows us to add/update and delete cases as well as produce reports and import and export information.

#### What is Highlighted ?

When a medical record number is typed into **1** it is immediately highlighted (it goes blue). If you want to edit a previous case for this number you need to press the down arrow and highlight the name of the case in **2** and press return. When a

name is highlighted there are other functions you can perform by a press of a key such as editing, deleting and browsing. The list of keys and functions are given below.



#### What About the Version in use ?

If you need to check what version of Windows HIPE you are using, look at position **3** on your screen. When you click on the version number, you get the W-HIPE "About" box. This screen has a series of tabs showing information on the operation of the software.

The *Details* tab shows information on the program running currently on your machine. The *Databases* Tab shows the files which the program is using at that time. The *Datasize* tab shows the current size of the files and indicates how much each of the files has increased since the last time **AdminHIPE** was used to compress them. The *Options* tab contains functions you may be asked to use by W-HIPE Technical Support.



#### The Screen is Very Small.

Like all windows screens the W-HIPE screen can be moved around and resized. It is possible to increase the size of the text in **2**. Please contact us in the Technical Support Department if you would like to do this or if you have any difficulty moving or resizing the window.

*The Current Version of W-HIPE is 1.81 (or higher version number)* If you do not have this version please contact us immediately

# Upcoming HIPE Courses

The next Basic Course is being held on:

2nd - 4th October, 2001(Tue, Wed & Thurs).

We have reduced the numbers attending each Basic Course to make it more beneficial and so places are strictly limited.

Always let us know when you need a new coder trained and we will let you know when the next course is scheduled, usually about every 6-8 weeks.

Intermediate courses are being arranged and candidates will be contacted shortly.

# **UPCOMING WORKSHOPS**

Plastics Workshop:Thursday, 11th October 2001, 10am – 1pmCirculatory Disorders Workshop:Thursday, 11th October 2001, 2pm- 5pmSpeakers are being arranged for the above workshops.

## **COMBINATION WORKSHOPS**

<b>Obstetrics Workshop:</b>	Wednesday, 10 <sup>th</sup> October 2001
Neoplasms Workshop:	Friday, 12th October 2001

Combination Courses each comprise of the following programme:

#### Morning 10am – 1pm

The morning will cover the basics of the topic for those who have never attended a workshop before or who need a refresher on the topic.

#### Afternoon 2pm – 4.30pm

The afternoon will be a more in depth look at the topic.

You can sign up for the morning, the afternoon or both depending on your needs. <u>Please note</u> candidates for any of the above workshops must have attended *both* a Basic and an <u>Intermediate HIPE training course.</u>

Please contact Marie Glynn in the H.I.P.E. Unit (01-6671525) Extn 467 for application forms if you have candidates for any of these courses.

If you would like a similar coding workshop or other specialised workshop held in your area please let us know.

WHB Coders' Workshop - Friday, 14th September 2001 - University College Hospital, Galway

Angelina Cooney-O'Neill (HCC) is organising a **Coding Workshop** in Galway Regional Hospital covering obstetrics, plastic surgery and cardiology as well as any other topics that may arise. Anyone interested can contact Angelina directly in UCHG at 091-544948

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

Deirdre Murphy. HIPE Unit, ESRI, 4 Burlington Road, Dublin 4.

Phone 01-6671525 Fax 01-6686231 e-mail: deirdre.murphy@esri.ie.

Coding Notes, September 01, 49PE Unit, ESR9.