

Coding Notes

HIPE UNIT, ESRI

Coding is good for your health!



Issue 18

September 2002

In this issue

National Clinical Coding Conference	1
Cracking the Code	2
HIPE! – Photos of the conference dinner	3
Coding Corner	4
Windows HIPE reporting FAQs	5
Windows HIPE workshops	5
HCC Meeting	6
Upcoming Coding Courses	6



Many thanks to all of you who attended our National Clinical Coding Conference. I'm sure those of you who attended the dinner on the Thursday evening and or the conference on Friday will agree it was a great success. It was wonderful to meet everyone and have a chance to meet colleagues and friends away from the busy offices.

The ESRI together with The Department of Health and Children held The First National Clinical Coding Conference in the Stillorgan Park Hotel on Friday 30th August 2002. Attendance surpassed the organising committee's expectations with over 170 delegates representing the hospitals who participate in the Hospital Inpatient Enquiry (HIPE) along with others involved in the field of health information. Following on from a highly enjoyable dinner and social evening the conference had a packed agenda. Attendees, who included hospital coders and other health care professionals were impressed to hear Irish, Australian and U.S. speakers on the latest innovations in coding, recording and reporting of hospital activity data. There were presentations on the application of HIPE data by consultants and other health care professionals. It was the first event of its kind in Ireland and was an important landmark for clinical coding in Ireland.

UPDATING THE CLASSIFICATION

A pilot of ICD-10-AM is planned for the near future and it is hoped to update the classification in 2004. The decision on which classification will be used will depend on the results of this pilot. The HIPE Unit look forward to working with hospitals and coders in this important project which will impact on the future of clinical coding in Ireland for many years to come.



Cracking the Code



A selection of queries received in the H.I.P.E. Unit recently:

1. Question

I am unable to find a code for twin-to-twin transfusion (syndrome) affecting a patient's pregnancy - there is a code for this syndrome but not one from the Obs. Section.

Answer

Assign code 656.7x (Other foetal and placental problems affecting management of mother, other placental conditions p804) to the mother's record to indicate the presence of the twin-to-twin transfusion syndrome.

2. Question

Following a T.V.T. procedure for stress incontinence, the patient still has same. She is admitted for trial of oral medication to relieve stress incontinence. My coding problem is what code to use for admission for trial of oral medication.

Answer

You can code it to the stress incontinence as this is still present and is the reason the patient is being brought into hospital. Many patients are admitted to hospital to sort out their medication and it is correct to code these cases to their problem.

3. Question

The patient was admitted with known low-lying placenta (but no bleeding) in labour. On admission to labour ward following an examination "a small piece of tissue thought to be placental came out" and a decision was made for an emergency C.section - however during C.section it was found not to be a placental abruption. Will I use code 64191 as reason for C.section?

Answer:

Code to **641.01** (placenta praevia without haemorrhage, delivered) as placenta is 'low lying' with no bleeding and the books sends you to Placental praevia when you look at delivery complicated by 'low etc.. (p78)

4. Question

Could you please inform me how to code Churg Strauss Syndrome as we would not find it in the book.

Answer:

Churg Strauss Syndrome has a code in ICD-10 and is classified as Polyarteritis with lung involvement, specifically - Allergic granulomatous angiitis. Coding this condition in ICD-9-CM gives a code of 446.4 (Wegener's Granulomatosis - Focal necrotizing arteriolitis, and granulomatous lesions of the respiratory tract with widespread inflammation of all organs of the body) p696. Therefore the code is to 446.4.

5. Question:

When a chart shows Viral Gastroenteritis *and* adenovirus is the code for adenovirus the only one we use?

Answer:

Viral Gastro-enteritis and Adenovirus is coded to 008.62 - Enteritis due to specified virus Adenovirus. The note at 008.69 (Other Viral enteritis p415) states "Use this code [008.69] when the diagnosis is specified as "viral enteritis," but is not classified above (008.61 - 008.67). As you *do* have Adenovirus specified, code it to 008.62 (Enteritis due to specified virus Adenovirus).

HIPE!

29th August 2002

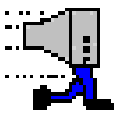
Clinical Coders reveal all at Pre-conference dinner



The evening started with a welcome reception and following a sumptuous meal coders spent the evening discussing many issues which we are assured were coding related! The evening continued into the night but that didn't stop everyone attending the next day for a great conference.

Delegates enjoying a relaxing night before a busy day at the National Clinical Coding Conference. About 100 of the delegates enjoyed a meal in The Stillorgan Park Hotel where clinical coders and other delegates from all over Ireland met new and old friends.





Windows HIPE Reporting frequently asked Questions



Q. How do I start the new Windows HIPE reporter?

A. Click on the “Reporter” button at the bottom of the Windows HIPE data entry screen

Q. How can I get the Windows HIPE reporter to remember the items that I have added to the selector tab from the last time that I have used the reporter, so that I don’t have to add these items to the selector tab again?

A. Click on the “Options” tab at the top of the Reporter screen and make sure that there is a tick in the “Remember selections between sessions” box.

Q. How can I get the Windows HIPE reporter to remember the last report that I have run so that the report does not have to be selected again?

A. Click on the “Options” tab at the top of the Reporter screen and make sure that there is a tick in the “Remember last selected report” box.

Q. When I run a report on sex in the Windows HIPE reporter, the sex comes up as 1 and 2. How can I get the descriptions to come up as male and female?

A. Click on the “Options” tab at the top of the Reporter screen and make sure that there is a tick in the “Show key descriptions” box.

Q. What version of the casemix model is used in the Windows HIPE reporter?

A. At the time of writing the Windows HIPE reporter is using the 2000 version of the casemix model.

If you have any queries relating to the Windows HIPE Reporter, you can contact Mark McKenna in the HIPE Unit on 01-6671525 ext. 465

Secondary Diagnoses

In order to capture the complete picture of an episode of care it is important to code the complete set of codes that best describe a patient’s diagnoses, problems and other reasons for health care encounter. This totality in coding is the abstracting from the medical record the pieces of information, which when taken together, draw a picture of the patient and their health care experience.

Any additional diagnoses are all called secondary diagnoses. HIPE can record up to 9 secondary diagnoses for each episode of care.

These secondary or ‘other’ diagnoses can be interpreted as additional conditions that affect patient care in terms of requiring:

- ☒ clinical evaluation; or
- ☒ therapeutic treatment’ or
- ☒ diagnostic procedures; or
- ☒ extended length of stay; or
- ☒ increased nursing care and/or monitoring.

As a generalization, ‘other’ or ‘secondary’ diagnoses which would be reported are conditions that affect patient management and/or consume hospital resources.



Coding Corner

Coding of alcohol related conditions as principal or secondary diagnoses as appropriate.

When alcohol dependence, alcohol abuse or alcoholic psychoses are documented in the chart it is important for this to be coded as part of the patient's record. (See below for guidelines on selection of a secondary diagnosis).

Alcohol Dependence

Alcoholism (Alcohol Dependence) is a chronic condition in which the patient has become dependent on alcohol with increased tolerance, and is unable to stop its use even with such strong incentives as impairment of health, deteriorating social interaction, and interference with job performance. Such patients often experience physical signs of withdrawal when there is a sudden cessation of drinking.

Alcohol dependence is classified to category **303, Alcohol dependence syndrome**. Code **303.0x, Alcohol dependence syndrome, acute alcoholic intoxication**, is assigned when a patient who is dependent on alcohol present for care in a state of acute intoxication. If the patient presents when not acutely intoxicated, as for a rehabilitation program, the condition is classified as **303.9x, Other and unspecified alcoholism**. Because alcohol is by definition a chronic condition, both codes are not assigned; when the diagnosis is stated as 'acute *and* chronic alcoholism,' code 303.0x covers both conditions. Although there is a code for **history of alcoholism (V11.3)**, it is very rare for a patient with alcoholism, to experience a full recovery; alcoholism in remission is ordinarily the code that should be assigned.

Alcohol Abuse

Alcohol abuse represents problem drinking and includes those patients who drink to excess but have not reached a stage of physical dependence on alcohol. It may include such alcohol related conditions as temporary mental disturbance, slurred speech, blackouts, difficulty in driving, arguments with family and friends, and difficulty in the work environment. Alcohol abuse is classified as code **305.0, Alcohol abuse**. This code is also assigned for a diagnosis of simple drunkenness.

Alcoholic Psychosis

Psychoses related to alcohol use is classified in category **291, Alcoholic psychoses**. Three subcategory codes – 291.0, 291.3, and 291.81 – are provided for alcoholic withdrawal. Only one of these codes should be assigned, with code 291.0 taking precedence over the other two and code 291.3 taking precedence over code 291.81, as indicated by the exclusion notes. Note that fifth digits apply to subcategory 291.8 to provide separate code for withdrawal (291.81) and alcoholic anxiety and alcoholic mood (291.89).

Source: AHA Coding Clinic & AHA ICD-9-CM Coding Handbook 2001, Faye Brown (Ed)

Windows HIPE Reporter Workshop



A Basic Training Workshop on Windows HIPE Reporting
will be given on of October, 2002.

The course is approximately 3 hours long.

Two starting times are available:

Morning (10.00-1.00) and Afternoon (1.30-4.30)

Places are limited.

Early booking is recommended.

For further information
and an application form, please contact:

Ms. Natalie Wall
HIPE & NPRS,
4 Burlington Road, Dublin 4
Tel: (01)6671512
natalie.wall@esri.ie

Closing date for applications: 10th October 2002

Upcoming HIPE Coding Courses

Basic Course

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.

An **Intermediate course** is being arranged for October 2002 and candidates will be contacted closer to the time.

UPCOMING WORKSHOPS

These 2 half day workshop are for coders who ideally have attended at least a basic coding course.

V- Codes Workshop:

Tuesday, 22nd October 2002, 10am – 1pm

All coders need to assign V-codes whether in as a principal or secondary diagnosis. This morning will cover V-codes and their appropriate assignment.

Medical Terminology Workshop:

Tuesday, 22nd October 2002, 2pm- 5pm

This afternoon workshop will look at the rudiments of medical terminology.

Regional Workshops - We are always happy to facilitate regional workshops either general or on a specific topic.

Please contact Marie Glynn in the H.I.P.E. Unit (01-6671525) Ext. 467 for application forms for any coding course.

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.