

Coding Notes



HIPE & NPRS Unit
**Health Policy &
Information
Division**

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The New HIPE Portal

A new IT age for HIPE—Developed for you and with you

Windows HIPE was developed seven years ago and since that time the databases have grown and the reporter is used by a large number of people. With significant advances in database technology, the time is now right to develop a new and enhanced HIPE IT system that will serve all users. The HIPE and NPRS unit have begun the re-development of this new computer system. There will be a new data entry system, batch coder, audit system, configuration software and reporting system. The current name for this new software is the HIPE Portal as it will be a “one-stop shop” for all HIPE coding and reporting tasks.

A series of requirement gathering exercises have been held as part of this project. These include; surveys, meetings in Cork, Sligo and Dublin and other discussions. Thanks to all who took part in these very useful sessions. Over 100 different requirements have been identified covering areas of performance, database and usability.

The following key features have been identified.

THE HIPE PORTAL

Coders will use the new HIPE Portal to access all elements of HIPE coding and reporting. The portal will look and feel like a website and will give the coders complete access to all the functions needed as part of their coding work. It will be possible to streamline the available options for individual users so that, for example, reporting users will not need to see the data entry screen etc.

NEW SCREEN AND NEW LAYOUT

The layout of the screens will be re-designed so

that the collection of the different HIPE variables will flow in an optimal way. The screens will be designed so that any additional variables can be easily added without interfering with all the other elements on the screen.

INDUSTRY STANDARD DATABASE

An industry standard database will be employed to deliver optimal storage and enhanced access speed. This new database will mean that “Adminhipe” will no longer be required. The chosen database will be more suited to the current data entry and reporting environments found in the hospitals. In particular, the issue of user locking where coders get the message “Record is currently being edited by X” will no longer occur.

A colourful future

The original Windows HIPE visual design, prepared for Windows 95 operating system, will be redesigned with the use of more colours.

EXISTING SOFTWARE FEATURES

Many of the existing features in the Windows HIPE will continue to be available. For example it will be still be possible to import data from PAS/HIS systems and to upload data to those systems. The Export process will be revamped to the extent that it will never need to rely on floppy drives. Basic reports such as the file analysis and the uncoded cases report will continue to be present on the system. The daily coding report will be enhanced to capture more detail on the different phases of a patient case from download to export to reset.

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A monthly summary of the development plan is shown below as a guide:

1	2	3	4	5	6	7	8	9	10	11	12
	Requirements	Database Arch Design	Reporter Design	Implementation of Reporter		Data entry Design		Implementation of data entry		Portal Installation	

REDUCED SOFTWARE INSTALLATIONS

The installation of updated HIPE software will only need to be done on one computer, that being the server. The system will be designed so that coders can use Internet Explorer (or equivalent) to enter their data or run reports. It will not matter where they are in the hospital as long as they have a networked computer and the correct access. This will allow coders to code from either the HIPE office or from the wards.

REPORTER WIZARDS

The reporter will be easier to use with the introduction of a reporter wizard. The wizard will take the user through the process of reporting step by step allowing them to identify the source of the data, choose the selections, view the patients and select the final report.

FASTER SPEED/MORE ROBUST

The software will be designed to deliver enhanced speed in both the data entry and the reporter. The introduction of the new database system and the new server setup will reduce the amount of non-essential processing needed for storing and accessing patient records.

THE NEXT STEP

The next step in the development process is to use the collected requirements to build the framework on which a detailed design of the software can be based. The aim is to make the new reporting system available early next year and the updated data entry system available the following summer. When completed all the hospitals will have their data moved to the new system.

The import and upload formats will not change as part of the re-design of the software.

Thanks to everyone who attended our recent requirements gathering meetings and to those who submitted their ideas to us via the surveys.

More information on The HIPE Portal project can be found at:
www.esri.ie/health_information/software_support_log_in

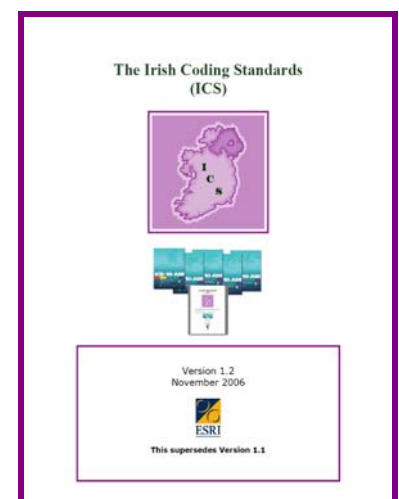
Local Coding Decisions



The Australian Coding Standards and the Irish Coding Standards are used to ensure uniformity in the application of codes and conventions. Local coding decisions or any diversion from these standards, no matter how minor they may seem, must be taken with great caution and in consultation with the ESRI so they do not affect or skew data collection locally, regionally, nationally and internationally.

For example, there is no benefit to coding the minor procedures listed in ACS 0042 *Procedures normally not coded* and coding these may only result in additional work for the coders. ACS 0042 states 'Where there is a specific need to code any of the listed procedures for research or other purposes, these codes may be assigned.'

In the interest of data consistency, the ESRI must ratify all local coding decisions. If your hospital would like to assign additional codes locally for research or other purposes, please discuss this decision with the HIPE & NPRS Unit. This will ensure clarity, uniformity and maintain high data quality standards.



Downloading Cases



A more detailed help sheet on [Downloading Cases](http://www.esri.ie/health_information) is available on the ESRI website www.esri.ie/health_information.

Downloading cases allows you to see which cases have been discharged and are ready for coding. It avoids double keying information about a patient that may already be entered. Downloaded fields are always checked against the chart.

How often will I download?

Ideally every day depending on the PAS but at least once a month.

It is recommended that a download is performed prior to the monthly export

Why are cases sometimes rejected when I perform a download?

When cases from a download file are processed they are subject to a series of validation checks prior to their acceptance in W-HIPE. When a case fails one of these checks, the case is rejected.

What do I do if there are rejections when I perform a download?

When a rejection occurs, print and review the rejection report. You may need to fully key the case. To view the details of the rejected records list, click on the *Special Function>Import>Browse Rejected*. A more detailed rejections report is available by clicking on the *Special Function>Import>Browse English Rejection*.

When rejections occur, you may need to review your configuration or contact your PAS/HIS vendors.

What does it mean when every case in the download file is rejected?

There are a number of reasons why this can occur.

Accidentally using a previous file

It is possible that the download from the PAS/HIS system failed because the file created on the previous day was not removed. In this case, when the file is imported into Windows HIPE, all the records on the file will already be present in the database and will therefore be rejected. To avoid this occurring coders should always verify the date and time of the file used in the download.

Problem with PAS system

On occasion the send-date of the PAS\HIS may be reset causing that system to erroneously think that the cases from earlier years have to be sent again. This can be confirmed by checking the discharge dates on the rejected cases. If the cases on the file have a discharge date dating back to a number of years ago a reset must have happened. This can be solved by contacting your PAS\HIS support.

How can I find out where my download file is located?













These details are stored in the W-HIPE configuration settings. You can contact the HIPE & NPRS Unit if you want more details about these settings. This may be useful when testing a new version of a download file.

Some Common Reasons for Rejected cases

Overlapping Dates

Overlapping days occur when a case is downloaded and where the admission and/or discharge dates overlap a case already on the system. There are a number of ways this can occur (see Figure 1).

Figure 1: Overlapping Dates

<p>New Case </p> <p>Original Case </p> <p>The discharge date of the new case overlaps an existing case.</p>	<p>New Case </p> <p>Original Case </p> <p>A daycase is downloaded during an inpatient stay.</p>
<p>New Case </p> <p>Original Case </p> <p>The same inpatient case is downloaded.</p>	<p>New Case </p> <p>Original Case </p> <p>A longer inpatient case which begins before and ends after an existing case is downloaded.</p>
<p>New Case </p> <p>Original Case </p> <p>A daycase is downloaded on the day of discharge of an existing case.</p>	<p>New Case </p> <p>Original Case </p> <p>A case with a date of admission during an existing case is downloaded.</p>

Consultant Code Problems

When a case is rejected due to the consultant code, you should check the following:

- Verify the PAS/HIS system has the correct consultant code information.
- Verify that the correct code is entered in the configuration program.

If necessary, you should check the consultant code against the information supplied by the ESRI.



Coding Guideline

Drug Administration - Block [1920] Pharmacotherapy

Definition - Pharmacotherapy is the treatment of a condition by means of drugs.

Classification - As per ACS 0042 *Procedures normally not coded*; 'Drug treatment should not be coded unless the substance is given as the principal treatment in same-day episodes of care or is specifically addressed in a coding standard'.

Code Structure - Block [1920] Pharmacotherapy

- 5 digit core = route of administration
- 2 digit extension = drug type

Eg. 96197-03 [1920] Intramuscular administration of pharmacological agent, steroid

Example 1: A patient with cellulitis of the leg is admitted for day case IV administration of antibiotics.

Codes: L03.11 Cellulitis of lower limb
96199-02 [1920] Intravenous administration of pharmacological agent, anti-infective agent

Multiple drugs given at the same administration

If a patient receives multiple drug types at the same administration (via the same route of administration), use the following guidelines to determine which 2 digit pharmacotherapy extension to assign:

- Assign the extension that indicates the main intent of the pharmacotherapy
- If the main intent of the pharmacotherapy is unknown, assign the highest code in the pharmacotherapy extension hierarchy (that is the lowest code number).
- The individual drugs administered are to be coded separately if directed to by a specialty coding standard (such as ACS 1615 *Specific interventions for the sick neonate*).

Example 2: A diabetic patient (Type 1) is admitted for day case IV insulin. IV electrolytes are also administered at this time.

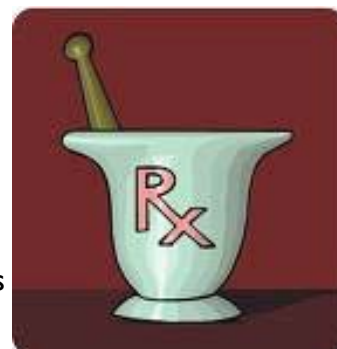
Codes: E10.9 Type 1 diabetes mellitus without complication
96199-06 [1920] Intravenous administration of pharmacological agent, insulin

Multiple administrations of the same drug

When a patient receives the same drug (via the same route of administration) more than once during an episode of care, assign the pharmacotherapy code once only.

ACS 0044 Chemotherapy

Definition - Chemotherapy is a type of pharmacotherapy and generally refers to pharmacotherapy for neoplasm. It excludes blood and blood products.



Classification - Daycase pharmacotherapy for neoplasm or neoplasm related condition

Assign the following codes:

- **Principal diagnosis** Z51.1 Pharmacotherapy session for neoplasm
- **Additional diagnoses** Code/s for neoplasm
Any additional diagnoses as per ACS 0002
- **Procedure** Appropriate code from block [1920] with extension -00

Classification - Inpatient pharmacotherapy for neoplasm or neoplasm related condition

Assign the following codes:

- **Principal diagnosis** Code/s for neoplasm
- **Additional diagnoses** Any additional diagnoses as per ACS 0002
- **Procedure** Appropriate code from block [1920] with extension –00

Use of Z51.1 Pharmacotherapy session for neoplasm

- Z51.1 *Pharmacotherapy session for neoplasm* is assigned as principal diagnosis for same day episodes of care where the pharmacotherapy is administered for treatment of a **neoplasm** or a **neoplasm-related condition**.
- A neoplasm is any condition that can be assigned to the C00 - D48 code range which includes malignant neoplasms, benign neoplasms, in situ neoplasms and neoplasms of uncertain or unknown behaviour.
- Z51.1 *Pharmacotherapy session for neoplasm* is not assigned as an additional diagnosis for inpatients as the procedure code reflects that chemotherapy was performed.

Example 3: A patient receives day case IV Zometa (biphosphonate) for treatment of hypercalcaemia due to bone metastases from a breast primary.

Codes: Z51.1 *Pharmacotherapy session for neoplasm*
 C79.5 *Secondary malignant neoplasm of bone and bone marrow*
 C50.9 *Malignant neoplasm of breast, unspecified*
 E83.5 *Disorders of calcium metabolism*
 96199-00 [1920] *Intravenous administration of pharmacological agent, antineoplastic agent*

Use of pharmacotherapy extension –00 Antineoplastic agent

- Patients receiving pharmacotherapy for treatment of a **neoplasm** or **neoplasm-related condition** are assigned the appropriate code from block [1920] *Pharmacotherapy* assigned with the extension –00, regardless of the ‘type’ of drug that is administered.
- Patients receiving pharmacotherapy (same day) for a condition other than neoplasms are assigned the appropriate code from block [1920] *Pharmacotherapy* with the appropriate extension. Extension –00 **is not** assigned for these cases as the pharmacotherapy is not treating a neoplasm or neoplasm-related condition.

Example 4: A patient receives multi-day IV administration of Mabthera (monoclonal antibody) for treatment of Non-Hodgkin Lymphoma.

Codes: C85.9 *Non-Hodgkin lymphoma, unspecified type*
 96199-00 [1920] *Intravenous administration of pharmacological agent, antineoplastic agent*

Example 5: A patient receives same day IV administration of Cyclophosphamide (chemotherapy) for treatment of multiple sclerosis.

Codes: G35 *Multiple sclerosis*
 96199-09 [1920] *Intravenous administration of other and unspecified pharmacological agent*

Reference: Coding Matters Commandment, No.11 Vol.2, September 2004



New Consultant Number Forms

New consultant number forms have been distributed with this edition of Coding Notes. Forms can also be downloaded from the ESRI website.

www.esri.ie/health_information/hipe/clinical_coding/help_forms



Cracking the Code

A selection of recent coding queries.

Subcutaneous Implanon

What codes are assigned for a patient who is admitted for removal of a subcutaneous contraceptive device (Implanon)?

Implanon is a small plastic rod which contains the synthetic hormone progestogen. The implant is inserted just underneath the skin of the upper arm. Assign the following codes for removal of Implanon:

Z30.5 Surveillance of (intrauterine) contraceptive device

92202-00 [1908] Removal of therapeutic device, NEC

Please note, Z30.5 can be assigned for removal of non-intrauterine devices as the word 'intrauterine' is a non-essential modifier (in brackets) in the code title.



Emergency Admission Type

A patient is seen in casualty at the weekend and is admitted to hospital for care of injury two days later. Is the admission type coded as elective or emergency and is this a daycase or a same day inpatient?

The admission type for this type of urgent case will be emergency unless specified as elective. When a patient is admitted for emergency treatment for a condition the admission will reflect the emergency aspect of the care. The patient is not put on an elective waiting list to have a treatment on a date in the future. In the example, the patient is admitted as soon as possible for the care so there is still an emergency element to the case. For the example given, although the patient is discharged on the day of admission this is not a scheduled daycase and will be a same day inpatient with an admission type of 4 - emergency.

Nursing Home Place of Occurrence

What is the place occurrence code for nursing home?

Please see the following Index (Volume 2, Section II) entry:

Place of occurrence of external cause

- residential institution
- - nursing home

The following code will be assigned:

Y92.14 Aged care facilities

Endovenous Laser Therapy for Varicose Veins (EVLT)

Endovenous laser therapy (EVLT) is ablation (or thermal destruction) of varicose veins and/or venous tissues by laser energy.

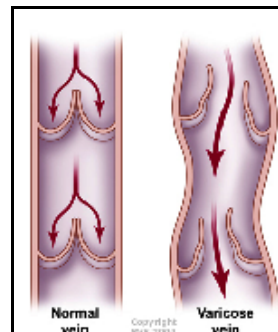
Please see the following Index (Volume 4) entry:

Ligation

- vein
- - varicose
- - - lower limb

The following code will be assigned:

32508-00 [727] Interruption of sapheno-femoral junction varicose veins



VAC Dressings

How are VAC (vacuum assisted closure) dressings coded?

Vacuum dressings involve inserting foam into a wound along with a wound drain. The drain is connected to a vacuum source so that the fluid from the wound can be drained which promotes debridement and healing of the wound. The following codes are assigned for VAC dressings:

Burns

90686-00 [1627] Nonexcisional debridement of burn

Other wounds

90686-01 [1628] Nonexcisional debridement of skin and subcutaneous tissue

Proctoscopy

When coding proctoscopy with injection of haemorrhoids is it necessary to assign a code for the proctoscopy?

The following code is assigned for proctoscopy:

32171-00 [928] Anorectal examination

Please refer to the exclusion note under this code in the Tabular (Volume 3); 'Excludes: that performed with any other procedure on large intestine - omit code.' Therefore, when a proctoscopy is performed in conjunction with injection of haemorrhoids, the code for proctoscopy is not required.

Cystic Fibrosis Related Diabetes Mellitus

A third character of 3 *Other specified* is assigned for a diagnosis of 'cystic fibrosis related diabetes mellitus'.

E13.- *Other specified diabetes mellitus*

Code any diabetic complications as appropriate.

A code for the cystic fibrosis and any manifestations will also be assigned.

Uncinectomy

An uncinectomy is an excision of the uncinat process, which is a part of the ethmoid bone. It is a fundamental component of functional endoscopic sinus surgery (FESS). As it is a procedure component, a code is not required for uncinectomy performed in conjunction with FESS. Please see ACS 0042 *Procedures normally not coded*.

Neoplasm Sequencing

How are primary and secondary neoplasms sequenced?

As per ACS 0236 *Neoplasm coding and sequencing*; 'The sequencing of either the primary or secondary malignancy code is dependent on the treatment at each episode. Selection of the principal diagnosis should be made in accordance with ACS 0001 *Principal diagnosis*.'

Section 12 of the Child Care Act

What is the principal diagnosis for a child who is admitted under Section 12 of the Child Care Act?

There are no 'default' codes for these cases.

Codes should be assigned on a case-by-case basis based on the documentation in the patient chart and by following the guidelines in ACS 0001 *Principal Diagnosis* and ACS 0002 *Additional Diagnoses*.

PR Bleeding (not otherwise specified)

Please see ACS 1117 *Per-rectal bleeding, NOS*.

Even though the Index entry at Bleeding, rectum indicates use of code K62.5 *Haemorrhage of anus and rectum*, this code is not to be assigned for a diagnosis of PR bleeding not otherwise specified. The correct code to assign for PR bleeding, NOS is:

K92.2 *Gastrointestinal haemorrhage, unspecified*

Gilmore's Groin Repair

Can you please advise diagnosis and procedure codes for a Gilmore's groin repair?

Gilmore's groin is an injury that involves the conjoint tendon being pulled away from the pubic tubercle. Even when well rested, the tendon does not re-attach. The procedure involves reattaching the tendon to the pubic bone. Based on this advice given above, assign the following codes:

S39.0 *Injury of muscle and tendon of abdomen, lower back and pelvis*

Appropriate external cause codes

90584-01 [1572] *Reattachment of tendon, NEC*

30614-02 [990] *Repair of inguinal hernia, unilateral*

Knee Resurfacing

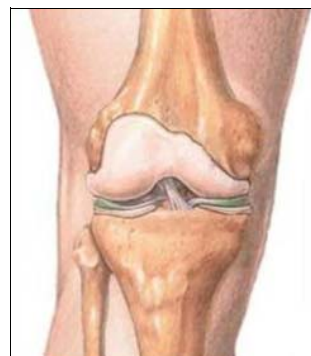
The coding of this procedure will depend on whether the knee resurfacing is performed as a primary procedure or a revision procedure. For patella resurfacing as a primary or revision procedure, please see either of the following Index (Volume 4) pathways as appropriate:

Arthroplasty

- knee
- - for joint replacement

Revision

- joint replacement
- - knee



Hyalgan Knee Injection

Hyalgan is administered via an intra-articular injection into the knee joint for treatment of knee pain due to osteoarthritis. The following code for this procedure:

50124-01 [1552] *Administration of agent into joint or other synovial cavity, NEC*

Unavailable nursing home bed

If discharge is delayed due to a patient waiting for a nursing home bed to become available, then the following code is to be assigned as an additional diagnosis:

Z75.11 *Person awaiting admission to residential aged care service*

Do you have a coding query?

Please email hipecodingquery@esri.ie or log onto www.esri.ie



Upcoming Courses

Specialty Workshops

Please contact Marie Glynn, Training Co-ordinator, at the ESRI for further information and application forms

Z Codes (Galway)



Date: Monday 1st October **Time:** 10:30am - 3:30pm
Venue: Ardilaun Hotel, Taylors Hill, Galway

Obstetrics & Gynaecology **Guest speaker:** Midwife



Date: Thursday 11th October **Time:** 10:00am - 4:30pm
Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Neonates **Guest speaker:** Neonate Nurse Specialist



Date: Friday 12th October **Time:** 10:00am - 4:00pm
Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Neoplasm **Guest speaker:** Irish Cancer Society



Date: Thursday 18th October **Time:** 10:00am - 4:30pm
Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Diabetes **Guest speaker:** Diabetes Federation, Ireland



Date: Friday 19th October **Time:** 10:00am - 4:00pm
Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

Basic and Intermediate ICD-10-AM Coding Courses

ICD-10-AM Basic Course

MODULE 1	Date: Wednesday 14th - Thursday 15th November, 2007
	Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2
MODULE 2	Date: Tuesday 4th - Thursday 6th December, 2007
	Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

ICD-10-AM Intermediate Course

Date: Tuesday 27th - Thursday 29th November, 2007
Venue: ESRI, Whitaker Square, Sir John Rogerson's Quay, Dublin 2

A schedule of training for 2008 will be published shortly.

Terry Dymmott is a new member of the coding team and is taking over Coding Notes from Danielle Calvert. Please forward any ideas for future topics for Coding Notes to Terry. **Thanks and keep in touch.**
 Health Policy & Information Division, ESRI, Sir John Rogerson's Quay, Whitaker Square, Dublin 2. Email: terry.dymmott@esri.ie

