Coding Notes

Healthcare Pricing Office

No. 94
September 2021

Back to the Future

Contacting the HPO
Info@hpo.ie
017718400

Hard to believe that the Summer is over, the schools are back and the country is gradually reopening. While the pandemic still rumbles on there is a real sense that everyone is getting back to normal with society opening up and freedom of movement restored. With a cyberattack to contend with also it certainly has been a difficult time for everyone not least those of you working in hospitals. We are looking forward to brighter times ahead.

The HIPE system itself is now looking forward also to continuing to develop against the backdrop of Sláintecare and an evolving Irish Healthcare system. In the 50 years + that HIPE has been in operation this has truly been the most challenging period for all involved. HIPE data has once again proven to be critical in providing hospital activity data to a broad range of data users. In addition the ability of HIPE staff nationally and in the HPO to adapt and continue has been very impressive.

With this in mind it is now timely to review how HIPE is positioned in terms of providing useful and relevant healthcare activity data into the future. In HIQA's *review of information management practices in the HIPE scheme* (October 2018) there is a recommendation that the HPO should publish a *Statement Of Purpose* to promote transparency by informing the public and people who use the data about the national data collection. In addition we need to define what HIPE is and what it needs to be in the future. The HIPE Technical Group have prepared a discussion paper for your consideration and feedback. This paper will be sent out to all HIPE stakeholders in the coming weeks and in addition there will be an online questionnaire to provide feedback. We also hope to hold some focus groups with those who are interested.

The HPO are looking forward to hearing what people think of HIPE and how we can improve and develop it for the future. This is the biggest review of HIPE ever undertaken and with all that has gone before especially in recent times, we now need to ensure that HIPE is fit for purpose and providing the best possible hospital activity to serve the healthcare services nationally into the future. HIPE can be developed to meet the challenges of a changing and increasingly wide-ranging healthcare system moving away from solely hospital based care. We will be in touch with more information, with the discussion paper and also a link to the questionnaire. We hope to be in a position to present preliminary findings in the next edition of Coding Notes. The final report presenting a roadmap for HIPE as well as a *Statement of Purpose for HIPE* will be published in 2022. Thank you in advance for your help, support and cooperation with this important initiative.

While we look to the future of HIPE and this Post COVID-19 world be assured that this edition of *Coding Notes* has all the regular updates and information. The Independent Hospital Pricing Authority (IHPA) in Australia who publish ICD-10-AM/ACHI/ACS have provided some further guidance with regard to coding COVID-19 (p 2-3). As always at this time of year the changes for HIPE 2022 are being prepared and some initial information is provided on page 3.

Coding advice is published on Endoscopies (p 4-5) and alcohol use (p 6-7. There is a note on coding the transfer of a patient following Traumatic Brain Injury (TBI) and the codes used in both hospitals (p7). An updated version of the Irish Coding Standards, ICS V2 will be published shortly to incorporate coding rules and guidelines recently issued (p 9).

The HIPE Coder Education team have wasted no time in getting the training back on schedule after the Cyberattack with a great selection of courses for the remainder of the year advertised on page 12. When applying please remember to use work email addresses only and not to provide personal emails.

Finally please see the note below with regard to HIPE IT support and how to contact the team.

NOTE: All HIPE IT related queries including HIPE Portal download, export, reporting etc should be sent to the email address hipeit@hpo.ie

This shared mailbox is monitored and maintained every working day without exception and is the quickest means to receive a response to your query. If you require a call back from HPO IT, please mention this in your email and include your direct contact number.

Inside This Issue

Post COVID-19 Admissions
IHPA advice

The HPO monitor *Coding Rules* released by the Independent Hospital Pricing Authority (IHPA) in Australia in response to queries raised at state level in Australia and by Ireland. While not all *Coding Rules* apply in Ireland as Australia now uses 11th edition ICD-10-AM there are occasions when the advice will apply to 10th edition particularly for the coding of COVID-19. Please see below two recently published Coding Rules regarding COVID-19, submitted by the HPO on behalf of the coding community in Ireland.

IHPA

Subject:	Clarification of documentation 'post COVID'
Query reference number:	Q3704
Date of response:	15 September 2021

Query details

The HPO are seeking advice on how to interpret and code cases where there is documentation of the term 'post covid' however there is no other documentation which indicates the current condition is causally related to previous Covid-19.

The HPO have received numerous queries around documentation of 'post covid' and how to apply the advice issued in coding rule TN1545. In all examples the clinician will only document the term 'post Covid' followed by the current condition e.g. Post Covid Pneumonia, post covid Cough, post covid fibrosis, post covid Colitis. However there is no other documentation which indicates the current condition is casually related to the previous Covid. Is the documentation of 'Post Covid' alone enough to apply the code U07.4 *Emergency use of U07.4 [Post COVID-19 condition]* for these types cases?

Query response

Dear Healthcare Pricing Office Ireland

Thank you for your query submission. Please find the response to your query below.

As noted in Coding Rule *Classification of post COVID-19 conditions*, in Australia, the post COVID-19 emergency use codes have been implemented as follows:

- assign U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* as an additional diagnosis where clinical documentation indicates that the patient has previously confirmed COVID-19 that is no longer current.
- assign U07.4 *Emergency use of U07.4 [Post COVID-19 condition]* as an additional diagnosis where clinical documentation indicates a current condition is causally related to previous COVID-19.

Where clinical documentation indicates previous COVID-19 but it is not clearly linked to a current condition, seek clarification from the treating clinician before assigning U07.4. Where a causal relationship is not established, assign U07.3 *Emergency use of U07.3 [Personal history of COVID-19]*.

In the examples provided (ie post COVID pneumonia, post COVID cough, post COVID fibrosis, post COVID colitis), where a causal relationship is not established assign a code for the condition, followed by U07.3 *Emergency use of U07.3 [Personal history of COVID-19]*.

As the question is addressed by the existing Coding Rule, this response will not be published.

Current COVID-19 diagnosis after a previous diagnosis of COVID-19 IHPA advice

IHPA

Ref No: Q3742 | Published On: 15-Sep-2021 | Status: Current

Current COVID-19 diagnosis after a previous diagnosis of COVID-19

Q:

Can a code for personal history of coronavirus disease 2019 (COVID-19) be assigned in the same episode as a code for a current diagnosis of COVID-19?

A:

When a patient is diagnosed with COVID-19 after having previously recovered from COVID-19, assign an appropriate emergency use code for COVID-19 and a code for personal history of COVID-19 to identify the previous recovery from COVID-19.

Assign U07.1 *Emergency use of U07.1 [COVID-19, virus identified]* or U07.2 *Emergency use of U07.2 [COVID-19, virus not identified]* in accordance with the guidelines in Coding Rule *Coronavirus disease 2019 (COVID-19).*

Assign U07.3 *Emergency use of U07.3 [Personal history of COVID-19]* in accordance with the guidelines in Coding Rule *Classification of post COVID-19 conditions.*

Proposed HIPE Variables 2022

The following variables are proposed for introduction to the HIPE data set for 2022. As HIPE data evolves over the years proposals for new variables are reviewed and examined through the governance structures in place with the HIPE Governance Group and the stakeholders across the HSE including the clinical programmes.

For 2022 it is proposed to capture the following on HIPE:

- Involvement of specialist palliative care teams in a case – to enable reporting on involvement of palliative care.
- Discharge Mode—This will identify the type of care a patient is being discharged to and will be collected in addition to the existing discharge destination code.
- It is proposed to capture all new-borns whether treated as patients or not. 'Well' babies have not been collected by HIPE previously.

The HPO is currently developing processes and guidelines with the input of the HIPE Governance and Technical Groups, HIPE teams and HIPE Managers across the country and the NCAGL. The importance of the HIPE data set to the health service in Ireland is widely acknowledged as is the expertise of HIPE staff. The collection of this additional information by HIPE is supported by Clinical Leads in the relevant Clinical Programmes along with the requirements for supporting chart documentation and systems information.

The HPO will be providing further details on these new variables for 2022 over the coming weeks and your input and feedback is, as always, welcome.

Endoscopy Workshop Queries

Coding Skills II (C) Endoscopy follow-up workshop was held on 8th September 2021. As required, participants completed the self-managed component of the course (pre-recorded tutorials and exercises) in advance. The HPO received the following queries from participants prior to the workshop for review and responses were provided as follows:

Q1. Patient had an Oesophago-Gastro-Duodenoscopy (OGD) for reflux symptoms and anaemia.

Diagnosis = Reflux Oesophagitis.
Procedure: OGD and biopsy performed
Histology: shows ulceration of oesophagus.
What diagnoses codes do I use?

Answer:

K21.0 *Gastro-oesophageal reflux disease with oesophagitis*
D64.9 *Anaemia, unspecified*

ACS 0051 *Same-day endoscopy – diagnostic* applies in this scenario

Diagnosis: Reflux Oesophagitis, ulceration of oesophagus, anaemia
Disease index - Look-up
"Reflux Oesophagitis"= Lead term "Oesophagitis" ➔ due to gastrointestinal reflux disease ➔
K21.0 *Gastro-oesophageal reflux disease with oesophagitis*
"Ulceration of oesophagus" Lead term = "Ulcer" ➔Oesophagus ➔ due to ➔ gastrointestinal reflux disease ➔
K21.0 *Gastro-oesophageal reflux disease with oesophagitis*
(Also: Lead term Oesophagitis ➔ulcerative ➔ **K21.0** *Gastro-oesophageal reflux disease with oesophagitis)*

The scope was also performed for investigation of anaemia (no further detail): Lead term "Anaemia" ➔
D64.9 *Anaemia, unspecified.*

Q2. What is the code for Eosinophilic Oesophagitis?

Answer:

K20 *Oesophagitis*

Coding Rules Ref No: Q3045 | Published On: 15-Sep-2016 | Status: Current

Eosinophilic oesophagitis (EoE) is a chronic inflammation of the oesophagus triggered by food allergens, where the mucosa is infiltrated by eosinophils (a type of white blood cell). EoE is also known as allergic oesophagitis. The majority of patients with EoE are children and young adults with other allergies such as allergic rhinitis or asthma. Patients may present with dysphagia and food bolus obstruction. Dietary modification after allergy testing has been shown to be an effective treatment, although clinical understanding of the disease process itself, and treatment protocols, are still evolving.

ICD-10-AM does not have a specific code for eosinophilic oesophagitis, therefore assign K20 *Oesophagitis* by following the Alphabetic Index: Oesophagitis (acute) (alkaline) (chemical) (chronic) (infectional) (necrotic) (peptic) (postprocedural) **K20 .**

Eosinophilia is an increase in eosinophils in the peripheral blood, i.e. a systemic problem rather than just localised to the oesophagus as in EoE. Therefore, assignment of **D72.1** *Eosinophilia* is not appropriate for eosinophilic oesophagitis. Amendments to the classification will be considered by IHPA for a future edition of the classification.

Endoscopy Workshop Queries Continued

Q3. Patient had OGD which shows severe oesophagitis and also that the oesophagus is ulcerated. What codes do I use for this?

Answer:

K21.0 *Gastro-oesophageal reflux disease with oesophagitis*

Diagnosis: Severe oesophagitis with oesophageal ulcer.

Look up- Disease index:

Lead term "Oesophagitis" ➔ ulcerative ➔**K21.0** *Gastro-oesophageal reflux disease with oesophagitis*

Q 4. Patient had OGD which shows gastritis and gastric erosions, do I code both these diagnoses?

Answer:

K29.1 *Other acute gastritis*

Look up- Disease index:

Diagnosis: Gastritis and gastric erosions

Lead term "Gastritis" ➔ Erosive ➔see gastritis, acute ➔**K29.1** *Other acute gastritis.*

Q 5. What code is used for inflammation of the oesophageal gastric junction (OGJ)?

Answer:

K20 *Oesophagitis*

K29.70 *Gastritis, unspecified, without mention of haemorrhage*

Diagnosis: inflammation of OGJ

This particular query had been previously asked of the HIPE Coding team who provided the following answer:

"Without a specific code for inflammation of the oesophageal gastric junction we suggest you code to:

Inflammation, inflamed, inflammatory (with exudation)

- oesophagus **K20**
- gastric **K29.70**

K20 *Oesophagitis*

K29.70 *Gastritis, unspecified, without mention of haemorrhage".*

Q6. What code do I use for ulcer of gastro-oesophageal junction (GOJ)?

Answer:

K25.9 *Gastric ulcer, unspecified as acute or chronic, without haemorrhage or perforation*

Diagnosis: ulcer of GOJ (gastro-oesophageal junction)

Look up - Disease index:

Lead term "Ulcer" ➔ gastro-oesophageal ➔*see* Ulcer/stomach

Ulcer/stomach- stomach (eroded) (peptic) (round) **K25.9**

K25.9 *Gastric ulcer, unspecified as acute or chronic, without haemorrhage or perforation.*

Next Course:

Coding Skills II (C) Endoscopy is a two part course consisting of a pre-recorded tutorials to be viewed with an accompanying workbook for study and exercises to be completed in advance of participating in the follow-up half day workshop which follows on about a week later. Please see details on the back page on how to apply for the next course in

Alcohol Use disorders

ACS 0503 *Drug, alcohol and tobacco use disorders* contains definitions and classification guidelines for drug, alcohol and tobacco use disorders:

"When the clinician has clearly documented a relationship between a particular condition(s) and alcohol/drug use then 2 codes are required as follows:

- assign a code for the specific condition(s), **with**
- the appropriate code from F10-F19 *Mental and Behavioural Disorders due to Pyschoactive Substance Use*
  The 4th character **.1** *Harmful Use* is assigned in the absence of any documentation to support the use of any other 4th character with **F10**."

Example 1

A patient is diagnosed with alcohol- related acute pancreatitis
Codes:
K85.2 *Alcohol-induced acute pancreatitis*
F10.**1** *Mental and behavioural disorders due to use of alcohol, harmful use*
Note:
If a code from F10- was omitted in this example the following PICQ indicator would be flagged as a condition related to alcohol has been coded without a code from F10 - **PICQ indicator 102090** *conditions without alcohol.*

Example 2

A 45 year old patient is admitted having suffered a seizure, increased nursing care is required for treatment of alcoholic dementia; severe alcohol abuse.

Codes:

R56.8 *Other and unspecified convulsions*
F10.**7** *Mental and behavioural disorders due to use of alcohol, residual and late-onset psychotic disorder* (this code includes alcoholic dementia)
Notes:

A fourth character of **'1'** harmful use, cannot be assigned as a more specific alcohol related disorder, alcoholic dementia, is documented and a fourth character of **.7** *Residual and late-onset psychotic disorder* applies.

If F10.1 *Mental and behavioural disorders due to use of alcohol, harmful use* was also assigned in this case **PICQ indicator 101393**: *Harmful use of alcohol code with specific related disorder code* would apply as last character of .1 harmful use cannot be assigned where another 4th character applies.

Example 3

Patient admitted with oesophageal varices in alcoholic liver disease with evidence of bleeding.

Codes:
I98.3 *Oesophageal varices with bleeding in diseases classified elsewhere*
K70.9 *Alcoholic liver disease, unspecified*
F10.**1** *Mental and behavioural disorders due to use of alcohol, harmful use.*

Note:

If a code from F10- was omitted the following PICQ indicator would be flagged as a condition related to alcohol has been coded without a code from F10 - **PICQ indicator 102090** *conditions without alcohol***.**

Alcohol Related Conditions - History of harmful use

The HPO has often been asked why is alcohol use not coded in the same way as tobacco use with codes for current use and history of use. Please see the Q&A below for further information.

Q. If a patient is admitted with an alcohol related condition but no longer uses alcohol how is this coded? Would a Z-code be assigned for history of harmful use of alcohol?

A. The general classification rules in ACS 0503 *Drug, alcohol and tobacco use* instruct that where the clinician has clearly documented a relationship between a particular condition(s) and alcohol/drug use, assign a code for the specific condition(s), with the appropriate code from F10-F19 *Mental and Behavioural Disorders due to Pyschoactive Substance Use* .

In the query above two codes are assigned - assign a code for the alcohol related condition followed by an appropriate code from F10 *Mental and behavioural disorders due to use of alcohol*. See examples on previous page.

The 4th character .**1** is assigned in the absence of any documentation to support the use of any other 4th character with F10 *Mental and behavioural disorders due to use of alcohol* . See example on previous page.

Please note: Z86.41 *Personal history of alcohol use disorder* is not assigned.

When a patient has an alcohol related condition that meets criteria for collection, even though the patient has ceased alcohol use, the scenario is coded as above. Please note that F10.1 applies to use of alcohol at any time (current or in the past) which then precludes use of Z86.41 *Personal history of alcohol use disorder*.

Related Australian Coding Standards

ACS 2112 *Personal History*

The codes in categories Z85 – Z87 for personal history of malignant neoplasm or other diseases and conditions would only be assigned as additional diagnoses where the condition is completely resolved yet the history is directly relevant to the episode of care.

ACS 0503 *Drug, alcohol and tobacco use disorders*

ACS 0503 *Drug, alcohol and tobacco use disorders* provides the following classification guidelines in relation to the assignment of F17.1 *Harmful use of tobacco:*

"Assign F17.1 *Harmful use of tobacco* where the clinician has **clearly** documented a relationship between a particular condition(s) and tobacco consumption (**even if the patient has ceased tobacco use**)."

Transfer of patient following Traumatic Brain Injury (TBI)

In cases where a patient who has suffered a TBI and is transferred to another acute hospital for continuing active treatment or care in respect of the injury, the code for the current injury should be sequenced as the principal diagnosis. Additional codes from Chapter 20 are assigned to capture the external cause of the injury, the place of occurrence and the activity of the injured person. For further classification guidelines and examples please refer to ACS 1905 *Closed head injury/loss of consciousness/concussion*, and ACS 1919 *Open intracranial injury* ACS 1906 *Current and Old Injuries*.

EXAMPLE

Note: ACHI codes are not included in the following example.

A patient was admitted to *Hospital A* following a fall at home. CT of head revealed a subdural haemorrhage, the patient was stabilised and transferred to *Hospital B* where a craniotomy was performed.

Hospital A
S06.5 *Traumatic subdural haemorrhage*
W19 *Unspecified fall*
Y92.09 *Place of occurrence, other and unspecified place in home*
U73.9 *Unspecified activity.*

Transfer

Hospital B
S06.5 *Traumatic subdural haemorrhage*
W19 *Unspecified fall*
Y92.09 *Place of occurrence, other and unspecified place in home*
U73.9 *Unspecified activity.*

Cracking the Code

A selection of Coding Queries

Q. Is the Public / Private status based on health insurance status / use or which type of bed the patient was admitted to?

A. HIPE collects the public/private status of the patient and also separately collects the number of days by bed type and number of days by room type. Information on these variables is available in the HIPE Instruction Manual.

For your query on the status of patients, the following information is from the HIPE instruction Manual (2021, page 11):

> **Patient status on discharge:**
> Refers to the public/private status of the patient and not to the type of bed occupied. Either public or private must be specified.
>
> **Number of days (where applicable) by Bed Type**
> Bed Type: A patient may be in any or all of the bed types during the episode of care- the total number of days for bed type must equal the length of stay.
> a) Private Bed - Total number of days in a Private Bed
> b) Public Bed - Total number of days in a Public bed

See Instruction Manual for more details.

Q. If a patient came in with a grade 2 pressure sore that advanced to grade 3 or 4 would the latter be Hospital Acquired Diagnosis (HADX).

A. The HADx is assigned to differentiate between conditions that arise during an episode of care from those that were present on admission. The increase in the stage of the pressure ulcer is a progression in the severity of the already established condition and therefore a HADx flag would not be assigned. ICS 0048 *Hospital Acquired Diagnosis Indicator* states: "The indicator can only be assigned to a true hospital acquired condition and not to an exacerbation of a pre-existing condition".

Where a pressure ulcer is present on admission and advances to a more severe stage it is not assigned a HADx flag.

If a pressure ulcer develops in a different site after admission it is assigned a HADx flag as it was not present on admission. See also Example 12 in part A of ICS 0048 (ICS 2021, V1, page 31).

Q. A patient has achalasia on Barium swallow, and has an OGD with Botox injection – Documented as "Botox injected 25 units to each Quadrant 1cm above Z line". How is this procedure coded?

In achalasia, the muscles in the oesophagus do not contract correctly and the ring of muscle can fail to open properly, or does not open at all. Food and drink cannot pass into the stomach and becomes stuck. It is often brought back up. (Source https://www.nhs.uk/conditions/achalasia/).

We would advise assigning the following codes for injection of Botox in addition to the endoscopic code;

30473-00 [1005] *Panendoscopy to duodenum*
Look up: Oesophagogastroduodenoscopy – see Pan endoscopy
Pan endoscopy (double balloon) (to duodenum)
30473-00 [1005]

and

18360-01 [1552] *Administration of agent into soft tissue, not elsewhere classified*
Look up: Administration, Type of agent, Botulin toxin

Q. A patient was admitted as a Day Case for 'Xolair' injection for the treatment of asthma. What is the code for this injection?

A. We would advise the following code;

Xolair is always administered subcutaneously and we advise to code this to:
96200-19 [1920] *Subcutaneous administration of pharmacological agent, other and unspecified pharmacological agent.*

Q. What is wrong with the ventilation code 13882-01 *Management of continuous Ventilatory support, > 24 and < 96 hour*? A PICQ indicator is firing saying it would be correct if it was less than one hour.

If you code mechanical ventilation there is a field in the HIPE portal data entry screen under Hospital (2nd tab) called " Hrs Cont. Ventilatory Supp". You are required to add the cumulative number of hours that the patient was ventilated in this box. The reason for this case being queried by PICQ is that the number of ventilation hours is not entered in the portal. PICQ will query this as "*Continuous Ventilatory Support coded without CVS hours"* (PICQ Identifier 200006)
ICS HIPE Guidelines for Administrative Data X *Duration of continuous Ventilatory support* (ICS 2021 V1, page 17) provides guidance on this variable.

Cracking the Code

Continued

Q. If a patient is transferred from Hospital A to Hospital B with a current traumatic brain injury how is this coded in hospital B?

A. Where the patient is transferred with a current traumatic brain injury, this will be coded as a current brain injury along with the appropriate external cause codes in both Hospital A and Hospital B. The same applies for any current injury e.g. fractures – if the patient is transferred for care of a current fracture – the fracture and the external cause codes will be captured on each admission. HIPE collects hospital activity data and does not report the incidence of conditions or external cause codes as patients can have multiple admissions for the same condition. See page 5 of this *Coding Notes* for further information.

Q. How is an infection with a drug resistant organism coded compared to colonisation?

A. Please refer to ICS 0112 *Infection with drug resistant microorganisms*.

For Infections with Drug resistant organisms assign codes as follows:

- A code for the infection e.g. UTI.
- A code for the organism as appropriate e.g. E Coli
- A code/s for the drug resistance from category Z06 (more than one may apply)

For colonisation with Drug resistant microorganisms:

The patient has tested positive for a drug resistant bacteria agent but no infection is present **and** the condition meets criteria for coding in ACS 0002 *Additional diagnoses.*

Assign Z22.3 *Carrier of other specified bacterial diseases* to code the presence of the bacteria. A separate code for the organism is not to be assigned.

Assign a code/s for the drug resistance from category Z06

See also Coding Rule Ref No: TN198-3 | Published On: 15-Dec-2009 | Status: Updated | Updated On: 01-Jul-2017

Do you have a HIPE coding query?

Please email your query to: **hipe.coding@hpo.ie**

To answer your query we need as much information as possible, please use the *Coding Help Sheet* as a guide to the amount of detail required, available at:

www.hpo.ie/find-it-fast.

Please anonymise any information sub-

Irish Coding Standards—V2 September 2021

ICS 2021 V2 is an updated version will be emailed to HIPE Departments and put onto the IEBook shortly.

⇒ No major changes it just brings published advice into the Irish Coding Standards document.

⇒ ICS 22X2 *Novel Coronavirus (COVID -19)* has been updated to include *Adverse effect of vaccines* advice.

⇒ ICS 0044 *Chemotherapy*-this standard has updated to include advice on administration of IV hydration in chemotherapy.

ICS 0044 CHEMOTHERAPY

Oral chemotherapy is coded when administered.

IV Hydration for treatment of neoplasms or neoplasm related conditions:

IV hydration for treatment of neoplasms or neoplasm related conditions can be coded. The procedure code assigned is 96199-00 [1920] *Intravenous administration of pharmacological agent, antineoplastic agent.* Please note:

Code 96199-00 [1920] *Intravenous administration of pharmacological agent, antineoplastic agent* will only be assigned once even if different drugs or substances are delivered intravenously during the episode of care to treat the neoplasm or neoplasm related condition e.g. IV chemotherapy drug and IV hydration administered during one admission.

The advice in ACS 0042 *Procedures not normally coded* applies to IV hydration and chemotherapy is listed as an exception. IV hydration will not be routinely coded for other conditions.

See Also Coding Rule: Ref No: Q3073 | Published On: 15-Dec-2016 | Status: Updated | Updated On: 15-Jun-2019 for further guidance.

Effective From:	January 2005 (as code available in ICD-10-AM/ACHI/ACS). Advice first published on coding this procedure provided in ICD-10-AM 4th Edition pre-implementation workshops
Reason for Standard:	Collection of hospital activity
Standard Updated:	September 2021
Reason for Update:	Standard updated following advice in CR Q3073 on IV hydration in chemotherapy.

Update from Beamtree

(Formerly Pavilion)

Introducing Beamtree

Pavilion are now part of a new company brand – Beamtree. Bringing together world-class technology and expertise from PKS, Pavilion Health and the newly acquired Ainsoff, Beamtree is an Australian company driven by a desire to transform patient care through better data. The name represents Beamtree's future as a growing entity where health management and technology converge to improve outcomes of patients

Beamtree Customer Support Specialist - Joana Oliveira

Joana Oliveira joined Beamtree on Monday 20 September as a new member of the Customer Support Team. Joana has previously worked for GE Healthcare Cardiovascular Ultrasound based in Norway, playing a key role in project management.

Joana will be HIPE teams' day to day contact for PICQ. She will be based in Dublin.

Joana's email is: joana.oliveira@beamtree.com.au.

Daily email alerts

All coders are now familiar with receiving the daily alerts from the PICQ system. If you have coded any cases on the preceding day you should always receive an email notification even if, hopefully, there are no queries raised. If you are not receiving a daily email from PICQ please alert Beamtree Customer Support immediately.

PICQ Tip

How to securely send episode details to PICQ Support

If you would like assistance from the PICQ Support Team about a specific episode including querying an indicator, there is a secure way to provide the episode details to the support team. The URL of the episode in PICQ can be captured and sent to the support email (support@pavilion-health.com). This eliminates the potential for breaching privacy regulations by removing the need for screenshots or personal and sensitive information being emailed to support. Please refer to the guidance on the following page.

For more information on Beamtree please see **www.beamtree.com.au**.

Update from Beamtree

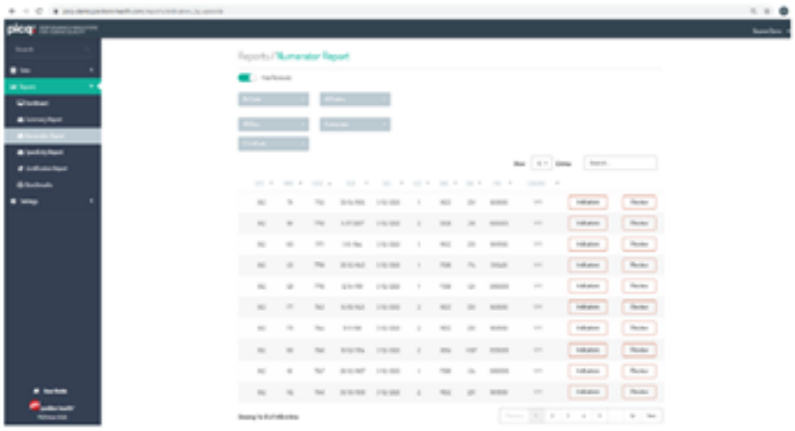
How to securely send episode details to PICQ Support

Step One

How to send PICQ Support the episode URL

If you are experiencing an issue with a particular coded episode or have an indicator query that you would like assistance with, please send PICQ Support the URL of the episode by completing the following steps:

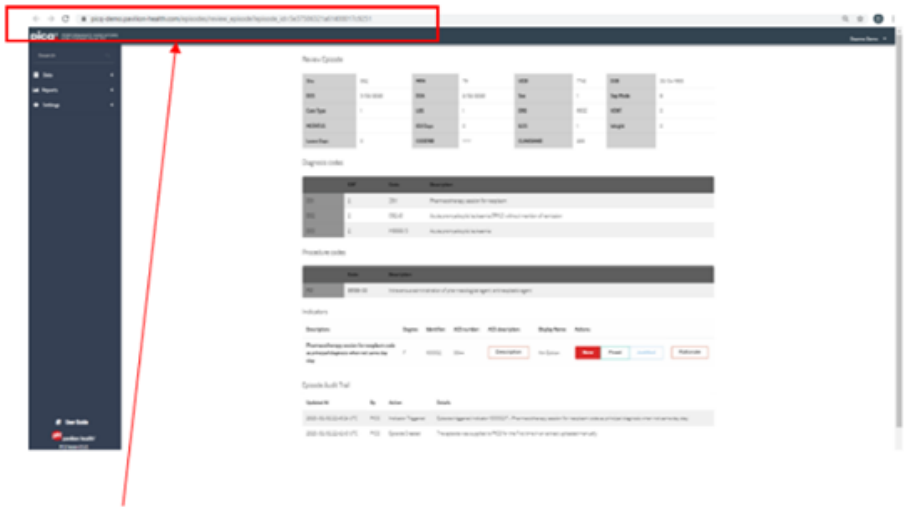
Open the Review screen for the episode from the Numerator report



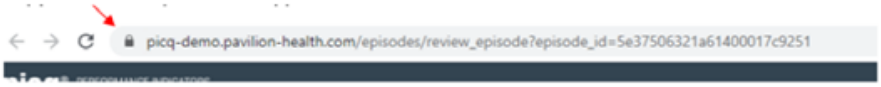
Click on Review to open review screen for the episode that requires investigation.

The review episode screen will display.

Step 2.



Copy the URL and paste into the email to support. Support email: support@pavilion-health.com.



This link will allow the PICQ support team to locate and view the episode.

Upcoming Training

Please inform The HPO if a new member of staff joins the HIPE team and we will arrange training as appropriate.

To apply for any of the advertised courses, please complete the online training application form at: www.hpo.ie/training or use this: http://www.hpo.ie/training/frmTraining.aspx
Please ensure you enter the correct work email address when applying for courses. *Please do not use personal email addresses.* All information provided will be kept confidential and only used for the purpose it is supplied.
Please inform us of any training requirements by emailing hipe.training@hpo.ie

Coding Skills IV Introduction to Obstetrics

This 1 day workshop is suitable for clinical coders with no previous experience in coding Obstetrics and for clinical coders with experience in the area who would like a refresher. Pre-course videos will be dispatched for viewing in advance as part of this course.

Date: Thursday 30th September
Time: 10.00am - 5.00pm

Coding Skills III (A)

This three day course is for coders who have previously attended Coding Skills II. It aims to consolidate learning and experience to date and provides more in-depth training in areas such as Diabetes and Neoplasms and includes training on areas such as procedural complications & sequelae. Experienced coders are welcome to attend this course for refresher training.

Date: Wednesday, 6th - Friday, 8th October
Time: 10.00am - 5.00pm each day.
Location: Online

Coding Skills III (B) Circulatory

This 1 day course will concentrate on common circulatory conditions, coding and classification guidelines in relation to these conditions and associated interventions. Participants must complete Coding Skills II and Coding Skills III (A) before attending this course. Pre-course videos will be dispatched for viewing in advance as part of this course.

Date: Tuesday 19th October
Time: 10.00am - 5.00pm
Location: Online

Z Code Workshop

Coders of all levels of experience are welcome to participate in this 1-day course which covers all aspects of Z-codes.

Date: Wednesday 27th October
Time: 10.00am - 5.00pm
Location: Online

Coding Skills II (A)

This three-day training course is centred on clinical coding and clinical coding guidelines for common conditions & diseases and associated interventions and includes HIPE Portal training and an introduction to Australian Refined Diagnosis Related Groups (ADRGs). Participants must complete Introduction to HIPE I & II and Coding Skills I before attending this course.

Date: Tuesday, 9th to Thursday, 11th November
Time: 10.00am – 5.00 pm each day
Location: Online

Essential materials

To participate in these online courses you will require the following:

- ICD-10-AM/ACHI/ACS 10th edition (IEBook or hard copy)
- Irish Coding Standards
- HIPE Instruction Manual
- Training materials, dispatched in advance of the course.

Coding Skills II (B) Respiratory

This 1 day course focuses on common respiratory conditions, coding and classification guidelines in relation to these conditions, and associated interventions. Participants must complete Coding Skills II (A) before attending this course. Pre-course videos are dispatched for viewing in advance as part of this course.

Date: Wednesday 24th November
Time: 10.00am - 5.00pm
Location: Online

Coding Skills II (C) Endoscopy

Participants must have completed Coding Skills II A & B before attending this course.

This is a two part course as follows:

1. Coding Skills II- (C) Endoscopy tutorials consists of pre-recorded tutorials to be viewed, an accompanying workbook for study and exercises to be completed by in advance of participating in the follow-up workshop.

Please register for the **Endoscopy Tutorial** at www.hpo.ie by the **25th November** to ensure adequate time for completion of this self-managed learning element.

Plus

2. Coding Skills II- (C) Endoscopy follow-up

This half day workshop focuses on the coding of same-day endoscopies and classification guidelines. The answers to the coding exercises completed by participants in advance of the workshop are discussed

Date: Wednesday, 8th December
Time: 10.30am – 1.00 pm
Location: Online

Please also register at www.hpo.ie to participate in this follow-up workshop.

Thought for Today

It always seem impossible until it's done.
Nelson Mandela.