

# Coding Notes



HEALTHCARE  
PRICING  
OFFICE

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## Welcome 2021!



Welcome to the December 2020 edition of Coding Notes. It's hard to believe another year has passed and what a year it has been. When we started the year we thought the upgrade to 10th edition of ICD-10-AM/ACHI/ACS

would be our biggest challenge. With the launch of the new classification and the in-house developed IE-Book things in HIPE were looking up. Then as February turned into March all our worlds changed in unimaginable ways.

Everyone has faced difficulties this year both professionally and personally. We have all been asked to change the way we live our everyday lives, how we care for others, how we interact, how we travel, how we shop, how we learn and how we work. HIPE coding teams across the country have risen to this huge challenge and ensured that all discharges including the COVID-19 cases are collected, coded and reported on in a timely and accurate way.

6972 Total  
coded  
discharges

COVID-19 cases  
reported in HIPE to  
11.12.20

With new codes still being released by the WHO and IHPA we have all had to learn new guidelines and standards for collecting this critical information (see pages 2&3). The

deadlines were shorter for coding COVID-19 cases and this added new and unexpected pressures.

In addition there has been movements of activity in new an innovative ways as the health system adapted and adjusted to deal with the pandemic and also to continue to provide services to citizens with every other illness or injury. Normally when a new or changed ward comes on stream a request comes through to the HPO for review and registration—this year the number of requests has been phenomenal. There are requests to include step down facilities and also 'sub acute' type of activity in HIPE. The HPO need to look now at what HIPE collects and what will be expected to be included in the future. We thank you for your patience and understanding as we all worked to keep both business as usual and the new activities measured and monitored. The HPO are also involved in collecting limited activity data from the private hospitals from the period of April to June, and this work continues. It certainly has been the most challenging of years for everyone.

This final edition of *Coding Notes* for 2020 contains lots of information on all things HIPE. The latest COVID-19 coding guidelines (pages 2&3) as well as information on the 2021 ICS and

Instruction Manuals (pages 4&5). The coder education team moved their work swiftly on line and an update is included on pages 10-11. There is an update on new PICQ indicators for 2021 and information on export dates and training courses for the new year. The 10th birthday of the HIPE portal is celebrated on page 8.

Also to note that the Annual HIPE Coder Survey will be sent out in early January 2021 through MDS to the HIPE Managers for completion. This system allows managers to enter the information directly on the MDS system. The information from this survey is a valuable source of information to the HPO which provides a general overview of current staff resources in HIPE for all hospitals, establishing training requirements and planning for the year ahead. Watch out in early January for your invitation to participate. Please contact [hpowardregister@hpo.ie](mailto:hpowardregister@hpo.ie) with any queries you may have ahead of completing this survey.

While this Christmas will be different for us all we once again thank you for your help and support and diligence in this last very difficult year. The HPO are deeply grateful for the work of everyone in the most challenging of circumstances.

*We wish you all a peaceful and restful Christmas and a very healthy and happy 2021.*



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On the 18<sup>th</sup> December 2020 the Independent Hospital Pricing Authority (IHPA) in Australia issued advice on three new ICD-10-AM codes for post COVID-19 conditions and multisystem inflammatory response associated with COVID-19 for use from 1<sup>st</sup> January 2021. This advice from IHPA follows the publication of emergency use codes for such conditions by the World Health Organisation (WHO). These three new codes are for use in Ireland with discharges from 1<sup>st</sup> January 2021.

The advice was published by IHPA in the form of a Coding Rule (TN 1545 published December 2020) which the HPO will circulate to all HIPE staff and the advice will be incorporated into ICS 22X2 *Novel Coronavirus* in the 2021 Irish Coding Standards. A brief outline of the new (and existing) COVID-19 specific codes are provided in the Table below.

	ICD- 10-AM Description	ICD-10-AM
New COVID-19 codes for discharges from 1 <sup>st</sup> Jan 2021	Emergency Use of U07.3 –[Personal history of COVID-19]	U07.3
	Emergency Use of U07.4 - [Post COVID-19 condition]	U07.4
	Emergency Use of U07.5 – [Multisystem inflammatory syndrome associated with COVID-19] Note: this code can be assigned as PDx when appropriate.	U07.5
Existing COVID 19- Codes introduced in 2020	Emergency Use of U07.1 [COVID-19 laboratory confirmed]	U07.1
	Emergency Use of U07.2 [COVID 19 Clinically diagnosed or probable cases]	U07.2
	Emergency use of U06.0 [Suspected COVID-19 – Ruled out]	U06.0

\*This list is for summarisation purposes only – please refer to ICS 22X2 for full guidance.

These new codes will apply for all discharges from 1<sup>st</sup> January 2021 and the COVID-19 flag will continue to be collected in order to identify laboratory confirmed COVID-19 past or present on all episodes of care.

- Post COVID-19 conditions**

The following extracts from **Coding Rule TN 1545: Classification of post COVID-19 conditions and multisystem inflammatory syndrome associated with COVID-19** provide an outline of the guidance:

The post COVID-19 emergency use codes will be 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.

Do not assign B94.8 *Sequelae of other specified and infectious and parasitic diseases* as this concept is identified by the assignment of U07.4.

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]*.

U07.3 and U07.4 are only assigned when COVID-19 is documented as no longer current. This includes where clinical documentation indicates that a patient does not have COVID-19, despite a positive laboratory test result for SARS-CoV-2. This scenario may occur where antibodies remain in the system even though an acute infection is no longer present (World Health Organization 2020).

- **U07.5 Emergency use code U07.5 [Multisystem inflammatory syndrome associated with COVID-19]:**

The COVID-19 pandemic has resulted in reports describing patients with COVID-19-associated multisystem inflammatory conditions that appear to develop after the infection rather than during the acute stage of COVID-19. This condition may be synonymously referred to as:

- ⇒ paediatric inflammatory multisystem syndrome temporally associated with SARS-CoV-2 (PIMS-TS)
- ⇒ multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19
- ⇒ multisystem inflammatory syndrome in adults (MIS-A).

To identify this condition, the World Health Organization has activated an emergency use code that will be implemented as U07.5 *Emergency use code U07.5 [Multisystem inflammatory syndrome associated with COVID-19]*.

U07.5 *Multisystem inflammatory syndrome associated with COVID-19* is assigned in accordance with ACS 0001 Principal diagnosis or ACS 0002 Additional diagnoses.

#### **Rehabilitation following COVID 19**

The Coding Rule also states the following where a patient is admitted for rehab following COVID 19 where the COVID 19 is no longer active:

“In the rehabilitation episode of care, assign U07.3 Emergency use of U07.3 [Personal history of COVID-19] as an additional diagnosis NOT U07.1 Emergency use of U07.1 [COVID-19, virus identified] as the SARS-CoV-2 infection is no longer current.”

The HIPE Portal has been updated to accept these new codes for discharges from 1<sup>st</sup> January and the associated ICS and Coding Rules will be added to the iE book as soon as possible. All HIPE departments will receive the complete Coding Rule TN1545 which includes additional advice and examples. It is important for each coder to review the full Coding Rule and ICS for these new codes.

The HPO would like to acknowledge the input of the Irish coding community into the development of this guidance from IHPA which refers to queries sent by the HPO on behalf of Irish coders.

**2021 HIPE Instruction Manual**

Each year a new HIPE Instruction Manual is published to reflect any changes in variables collected by HIPE. It is important that all HIPE staff are familiar with the changes that occur each year. All editions of the HIPE Instruction Manuals are available on the HPO website ([www.HPO.ie](http://www.HPO.ie)). There are no major changes to variables collected by HIPE for 2021 and a summary of the changes in the 2021 HIPE Instruction Manual are listed below.

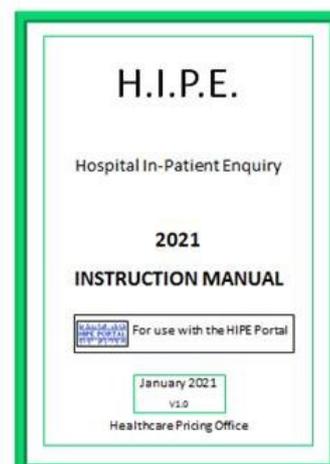
**Regular updates:**

- ⇒ Front cover and colour updated for 2021
- ⇒ HIPE Summary sheet updated for 2021
- ⇒ List of 2021 dates for download and export added.

**Main Changes For 2021**

- ⇒ Updated instructions for coders to access HIPE portal and the HIPE Meta Data Services (MDS) application
- ⇒ Dates in examples updated for 2021
- ⇒ Note added to Number of ITU bed days to “See also item 26 Critical Care Bed Days”.
- ⇒ Consultant identifiers: note added to submit consultant number request via the MDS application.

The 2021 HIPE Instruction Manual will be issued to all HIPE departments along with a note on the changes. A hard copy will also be posted to each hospital for reference.

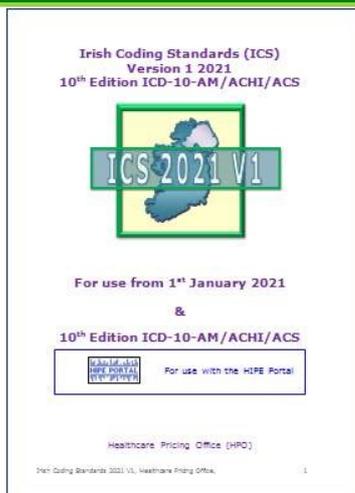


## Final Dates for Download and Export in 2021\*

HIPE export month	Download all cases	Final receipt Day
End of January 2021	Sunday 31 January 2021	Wednesday 3 February 2021
End of February 2021	Sunday 28 February 2021	Wednesday 3 March 2021
End of March 2021	Wednesday 31 March 2021	Tuesday 6 April 2021
End of April 2021	Friday 30 April 2021	Thursday 6 May 2021
End of May 2021	Monday 31 May 2021	Thursday 3 June 2021
End of June 2021	Wednesday 30 June 2021	Monday 5 July 2021
End of July 2021	Saturday 31 July 2021	Thursday 5 August 2021
End of August 2021	Tuesday 31 August 2021	Friday 3 September 2021
End of September 2021	Thursday 30 September 2021	Tuesday 5 October 2021
End of October 2021	Sunday 31 October 2021	Wednesday 3 November 2021
End of November 2021	Tuesday 30 November 2021	Friday 3 December 2021

\* Export dates are on the third working day of the next month to ensure a full download of all cases for the previous month.





Irish Coding Standards 2021 V1 provides guidelines for the collection of HIPE data for all discharges from January 1<sup>st</sup> 2020 using the HIPE Portal Software, 10<sup>th</sup> edition ICD/10/AM/ACHI /ACS and the 2021 HIPE instruction Manual. The Irish Coding Standards are organised into 3 sections:

Section 1— Valid HIPE Activity

Section 2— HIPE Guidelines for Administrative Data

Section 3— Coding Standards

The following is a summary of the proposed main changes to the Irish Coding Standards for 2021 for each of the three sections:

## Section 1- Valid HIPE Activity

HIPE Coding deadlines updated for 2021

## Section 2 – HIPE Guidelines for administrative data

Item V. Patients discharged and re-admitted on the same day: Note added to clarify that where a day case patient is admitted from the day ward the admission type remains that of the day case.

## Section 3: Coding Standards

ICS 0042 *Procedures not Normally coded* has been created to provide clarification on the coding of ultrasounds

ICS 0048 *Hospital Acquired Diagnosis Indicator* has been expanded to full include the full content of ACS 0048 *Condition Onset Flag* as it applies in Ireland

ICS 0604 *Stroke* has been created to provide an example on the transfer of a stroke patient following embolectomy in another hospital

ICS 1006 *Ventilatory support* has been expanded to provide additional guidance on the coding of “Airvo”

ICS 22x2 Novel Corona Virus (COVID-19) has been expanded to include the most recent guidance on the classification of Post COVID-19 conditions and multisystem inflammatory system associated with COVID-19.

## Appendix A; Summary of changes:

Updates to ICS V1 2021 have been added

The Irish Coding Standards for 2021 will be issued to all hospitals and will be available on the HPO website. A hard copy will also be distributed to each hospital for reference.

**The ICS 2021 V1 will be available on [www.hpo.ie](http://www.hpo.ie)**



# Allergic Reactions and Food Challenge Tests

ACS 2115 *Admission for Allergen Challenge* was introduced in 10<sup>th</sup> edition and provides classification guidelines and examples. An allergic reaction is a state of hypersensitivity induced by exposure to a particular allergen resulting in a harmful reaction (Dorland's, 1988). Testing for allergies can be done in two main ways; food challenge and skin patch testing.

## ACS 2115 ADMISSION FOR ALLERGEN CHALLENGE

Allergen challenges are performed to monitor the response of a patient to a particular drug, food or other allergen to test for any clinical allergic response.

During the challenge the patient is given doses of an allergen and closely observed for a response after each dose.

Drug challenges are necessary when:

- A patient discloses a history of allergy to a particular drug **and**
- Treatment with that specific drug is essential **and**
- There is no effective alternative drug

Allergen challenges are conducted in facilities where resuscitation equipment is available due to the risk of triggering a severe allergic reaction.

ICD-10-AM 10<sup>th</sup> edition contains 3 new codes under subcategory **Z41.8** *Other procedures for purposes other than remedying health state* to capture admission for allergen challenge:

**Z41.81** *Drug challenge*

**Z41.82** *Food challenge*

**Z41.89** *Other procedures for purposes other than remedying health state, Allergen challenge NOS*

(Use the lead term "Admission", followed by "challenge" to locate the appropriate codes in the Alphabetic index)

Also, excludes notes have been added to **Z01.5** *Diagnostic skin and sensitisation tests*, **Z03.6** *Observation for suspected toxic effect from ingested substance* and at category **Z51.6** *Desensitisation to allergens* to exclude code assignments for allergen challenge and desensitisation to allergens.

## Admission for allergen challenge- no allergic reaction generated

### Classification:

Assign the appropriate code from **Z41.8** *Other procedures for purposes other than remedying health state* as the principal diagnosis where the reason for admission is an allergen challenge.

Additional chapter codes (e.g. history, family history) can also be used where they are required to classify the clinical concept.

### Example 1:

A patient is admitted as a day case for food challenge with eggs due to an allergic reaction in the past. No reaction is noted on this episode.

Assign:

**Z41.82** *Food challenge*

**Z88.8** *Personal history of allergy to other drugs, medicaments and biological substances*

### Example 2:

A patient is admitted as a day case for a drug challenge; the patient does not exhibit symptoms of an allergy themselves, but is having the challenge because a sibling has a severe penicillin allergy.

Assign:

**Z41.81** *Drug challenge*

**Z84.8** *Family history of other specified conditions*



# Allergic Reactions and Food Challenge Tests

continued



### Example 3:

A patient is admitted as a day case for a standard skin patch test. The patient is having the test due to a family history of severe allergy to latex. No allergic reaction is noted on the skin patch test.

Assign:

**Z41.89** *Other procedures for purposes other than remedying health state*

**Z84.8** *Family history of other specified conditions*

## Admission for allergen challenge- allergic reaction generated

### Classification:

If any allergic manifestations arise from the challenge these are assigned as an additional diagnosis. Select the appropriate codes by following the lead term *Allergy, Allergic* in the Alphabetic index.

### Example 4:

A patient is admitted as a day case for food challenge with eggs due to an allergic reaction in the past. Allergic reaction is noted, but the type of reaction is not specified in the chart.

Assign:

**Z41.82** *Food challenge*

**T78.1** *Other adverse food reactions, not elsewhere classified (HADx)*

**Y57.9** *Drugs and medicaments, unspecified (HADx)*

### Example 5:

A patient is admitted as a day case for drug challenge with penicillin due to an allergic reaction in the past. A rash on the patient's arm is noted on this episode indicating an allergic reaction to penicillin.

Assign:

**Z41.81** *Drug challenge*

**L27.0** *Generalised skin eruption due to drugs and medicaments (HADx)*

**Y40.0** *Drugs, medicaments and biological substances causing adverse effects in therapeutic use, Penicillins (HADx)*

### Example 6:

A patient is admitted as a day case for a standard skin patch test due to family history of severe allergy to seafood. The patient develops allergic contact dermatitis indicating a positive allergy to seafood.

Assign:

**Z41.82** *Food challenge*

**L23.6** *Allergic contact dermatitis due to food in contact with skin (HADx)*

**Z84.8** *Family history of other specified condition*

**Note:** When coding an allergen challenge using **Z41.8- Other procedures for purposes other than remedying health state**, it is not necessary to assign an intervention code as the procedure is inherent in the diagnosis.

### References:

1. Dorland's Illustrated Medical Dictionary, (1988), 27th Edition, London, W.B Saunders.
2. 10<sup>th</sup> Edition ICD 10-AM/ACHI/ACS – **ACS 2115** *Admission for allergen challenge*. 2017. IHPA, Sydney.





## Happy 10th Birthday HIPE Portal!

It may seem like only yesterday, but the HIPE Portal is 10 years old this month.

December 2010 was one of the coldest months ever recorded in Ireland - you may remember images of people slipping and sliding on our foot-paths.



Cork University Hospital kindly agreed to be the first hospital in Ireland to upgrade from Windows-HIPE to the new HIPE Portal. The feedback and testing provided by the then manager, Jo Spring and the Coding Team paved the way for the rest of our hospitals to upgrade to the new system during 2011. The HIPE Portal and all its different functions are central to the work of HIPE. The software development team in the HPO, who built, maintain and develop the Portal are able to address the needs of HIPE as well as for other data users. Their work ensures that HIPE data are collected in a timely and accurate way. They do a huge amount of work behind the scenes to ensure that the HIPE Portal continues to be central to the provision of HIPE data.

The innovative development of the 'Add-On' screens has provided clinical programmes with tools to enhance their data collection and these screens have been a huge success. Recently with COVID-19 the team were able to amend the Portal at short notice to take in to account the new codes issued and also to ensure appropriate edits are in place. Most recently the addition of the COVID-19 flag was swiftly developed for the HIPE Portal.

10 years on and approximately 15 million discharges later, the HIPE Portal is still central to the collection of hospital activity data nationally.

We'd like to take this opportunity to thank the Software Development team at the HPO for their on-going support and commitment.



## PICQ™ Update

### New PICQ™ Indicators

We are constantly reviewing the indicators to ensure they reflect the Irish and Australian coding standards and classification. We are introducing 51 new PICQ™ indicators, retiring 5 indicators and updating 17 indicators to take effect for all discharges from **01 Jan 2021**. These indicators have been reviewed by HPO staff, have been fully tested and are also in operation in Australia. The change will be seamless to coders, as PICQ™ will assign the updated indicators based on date of discharge. To query an indicator, new or otherwise, please log a ticket with the Pavilion Support Centre, by sending an email to: [support@pavilion-health.com](mailto:support@pavilion-health.com). The queries will initially be assessed by the PICQ™ Support Team, in consultation with HIMs and Coding Auditors, and referred to our PICQ™ Advisory Board for review as required.

### PICQ™ Advisory Board

The next PICQ™ Advisory Board meeting will take place in Feb 2021. If you would like to have an indicator reviewed at the PICQ™ Advisory Board meeting, please email [support@pavilion-health.com](mailto:support@pavilion-health.com) and include relevant details which would support the review.

### Help and Support

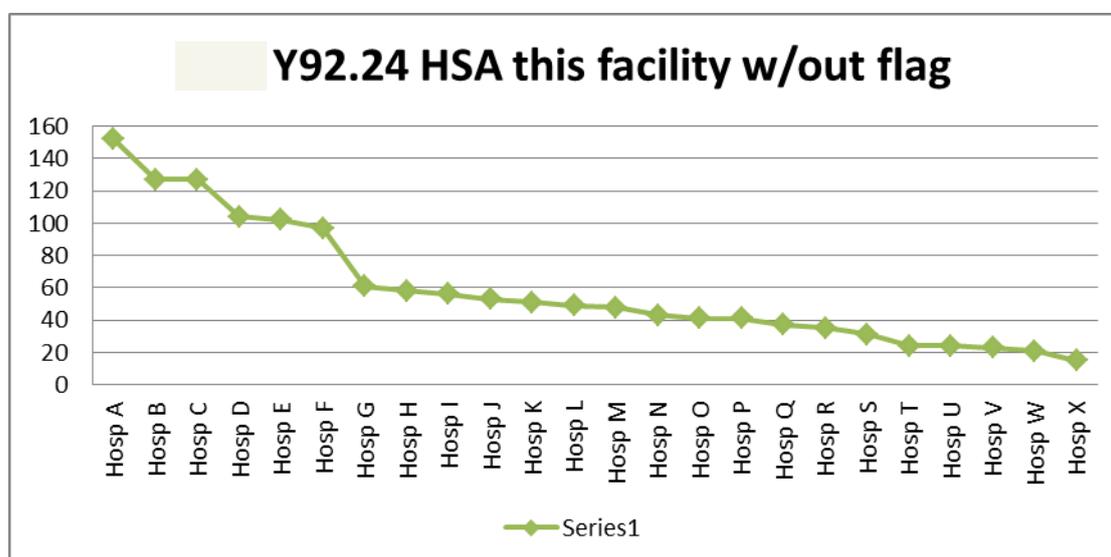
During 2020, we answered over 160 PICQ™ related queries. A number of these queries resulted in updates to the indicators and to the PICQ™ software itself. We are happy to provide training for coders and managers if required. To set up a tailored session in 2021, email [support@pavilion-health.com](mailto:support@pavilion-health.com).



**Happy Christmas from Katie and all the Pavilion Health team.**

## HADX flag assignment

The HPO are currently reviewing the use of the HADX flag and in particular cases where the code **Y92.24 Health service area (HSA), this facility** has been used but no HADX flag assigned. It would be expected that if a complication/injury occurred during the current episode of care that the HADX flag would be assigned. The review identified a significant number of cases whereby Y92.24 was coded without the assignment of the HADX flag.



As per ACS 0048 Condition onset flag (HADX flag in Ireland) a flag would be assigned to the following examples:

- A condition resulting from an unintentional event during surgical or medical care in the current episode of admitted patient care.
- An abnormal reaction to, or later complication of, surgical or medical care arising during the current episode of admitted patient care.

### NOTE:

If the HADX flag is assigned to a complication or injury code a HADX flag should be assigned to all additional diagnosis associated with that code.

#### Example 1 - Wound infection post cholecystectomy (current episode of care)

T81.4 Wound infection following a procedure, NEC	(HADX)
Y83.6 Removal of other organ (partial)	(HADX)
Y92.24 Health service area, this facility	(HADX)

#### Example 2 – Patient fell off hospital bed (current episode of care). CT of brain performed but no injury identified.

Z04.3 Examination and observation following other accident	(HADX)
W06.1 Fall involving special purpose bed	(HADX)
Y92.24 Health service area, this facility	(HADX)
U73.9 Unspecified activity	(HADX)



# HIPE Clinical Coder Education Programme

## 2020 Year in review

### Response to COVID-19 related restrictions

With the arrival of COVID-19 last spring and its impact on the health system, there was also an increase in demand for HIPE Data. The HPO made every effort to provide training and support to clinical coders who worked hard during these challenging times to report HIPE data in a timely manner.

The training schedule had to be revised with all classroom courses cancelled and delivered remotely. Through increased use of technology **over 50 courses were delivered with over 975 participants.**

This includes training and support that was provided to facilitate the collection of acute hospital activity data from private hospitals for the duration of the HSE/Private Hospital arrangement.

Many thanks to all who signed up to HIPE training courses throughout the year and to HIPE Managers, who facilitated their teams to participate in this training, through access to the technology required, and suitable venues.

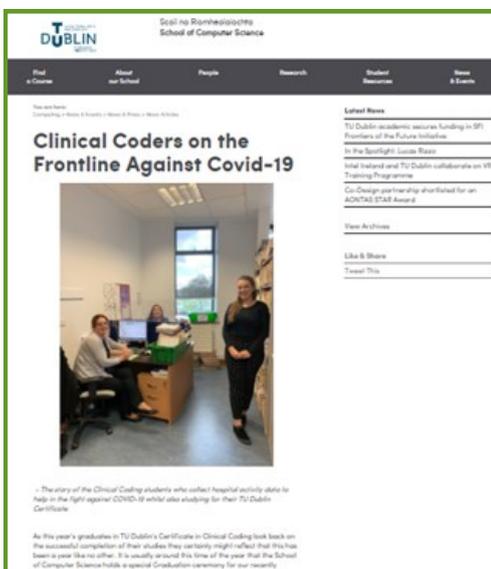
Delivering all elements of the Clinical Coder Education programme remotely presented challenges and opportunities with all involved having to adapt quickly. Many participants reported that one of the advantages of being able to access training courses remotely meant that they didn't have to spend time travelling to training courses and they didn't need to be away from home over night.

It was noted that there was an increase in participant engagement throughout courses as everyone adapted to this 'new normal'. Although technology-based training is becoming increasingly popular, training experts agree that it will never completely replace classroom training. It is widely acknowledged that training delivered in a classroom setting facilitates group interaction that enhances learning and participants can learn from one another as well as from the trainer. We look forward to seeing you all again when we return to delivering training through a blend of classroom courses in addition to training that can be accessed remotely when it is safe to do so.

Please note that if you are joining courses via WebEx you must register in advance at [www.hpo.ie](http://www.hpo.ie) and ensure that you are included in the roll call on the day of the course so that your training record can be updated accordingly.

### Upcoming Training

The 2021 Training Calendar will be published shortly and will be available on the HPO website. Hard copies will be dispatched to all hospitals in the New Year. Additional courses will be scheduled during 2021. If there are any specific areas that you would like to be included in the training schedule, please let us know as soon as possible. Contact [hipe.training@hpo.ie](mailto:hipe.training@hpo.ie) with your training needs..



### TU Dublin course completed.

Congratulations to the class of 2020 who completed the course in ICD-10-AM/ACHI/ACS 10<sup>th</sup> edition. This was a fantastic achievement for these students who completed the course using a new version of the classification, and faced many challenges associated with COVID-19. Well done to all.

Our colleagues in TU Dublin were very impressed by the work of all HIPE teams during this pandemic. They were also very impressed that a full course was completed during the year with a face to face examination at the end. Please see complimentary comments to all involved in the TU Dublin news article at <https://www.dit.ie/computing/newsevents/newspress/newsarticles/headline182278en.html>



## Revised HIPE Clinical Coder Education Programme

The HIPE Clinical Coder Education programme undergoes on-going reviews to ensure that the content is relevant, meets training needs and is delivered efficiently. Following on from a recent review of the content and duration of Coding Skills II and Coding Skills III these courses have been expanded to provide participants with more in-depth training on the topics included, and have been re-named as appropriate.

### Coding Skills II (A)

This 3 day course is centred on clinical coding and clinical coding guidelines and includes HIPE Portal training (name change only).

### Coding Skills II (B) Respiratory

This new 1 day course will concentrate 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 will be dispatched for viewing in advance as part of this course

### Coding Skills II (C) Endoscopy Follow up

This new half- day course is centred on the clinical coding of same day endoscopies and the associated clinical coding guidelines. Participants are required to view a tutorial on Endoscopies in advance of participating in this course and must also have completed *Coding Skills II (A) & Coding Skills II (B)*.

### Coding Skills III (A)

This course is held over three days, and clinical coders are invited to participate 3-6 months after having completed Coding Skills II. The course aims to consolidate training and work experience and it is expected that clinical coders will have had experience coding within the hospital environment. More in-depth discussion of codes and classification guidelines are provided in conjunction with further training on clinical specialties. This course includes HIPE Portal training. (name change only).

### Coding Skills III (B) Circulatory

This new 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.

**We wish you and your families a safe and happy Christmas and look forward to working with you in 2021. From the HIPE Training Team**



## TU Dublin Certificate in Clinical Coding



The next TU Dublin certificate in clinical coding course will commence in **January 2021**.

Applications are invited from coders currently working within HIPE coding departments in Ireland. Please submit the completed application by email to [hipe.training@hpo.ie](mailto:hipe.training@hpo.ie). Closing date for completed applications is **Wednesday 6<sup>th</sup> January 2021**. An email with further details was dispatched to all clinical coders in December.

Please note even if you have applied before you must reapply to be eligible for consideration for this course.





# Cracking the Code



## A selection of Coding Queries

**Q. 1 What procedure code is applied for injection of Botox into the oesophagus for achalasia via scope please?**

**A. 1** We would advise assigning the following code in addition to the endoscopic code;  
*18360-01 [1552] Administration of agent into soft tissue, not elsewhere classified*

**Q.2 A patient was admitted as a day case for cystoscopy and incision of a cyst of the urethra. Documentation states that there was no collection and the walls were marsupialised. This was performed under GA. What code will I assign for the procedure?**

**A.2** We would recommend the following procedure codes;  
*37324-01 [1115] Internal urethrotomy*  
*36812-00 [1089] Cystoscopy*  
Plus the appropriate anaesthesia code.

**Q. 3 Can a code be assigned for documentation of “low mood” without further specificity?**

**A. 3** Where the condition of “low mood” meets criteria for coding as per ACS 0002 and there is no further information or specificity of the condition we suggest assigning code  
*F39 Unspecified mood [affective] disorder*

**Q.4 If a patient is documented as having diabetes but the type is not specified in the record, can a code for Type 2 Diabetes Mellitus be assigned if there is documentation that shows the patient is on metformin or other diabetic medication?**

**A. 4** At the main term Diabetes in the alphabetic index there is a note:

**Diabetes**, diabetic (controlled) (mellitus) (without complication) E1-.9

Note: The three character subdivision for diabetes mellitus is:

- 0 Type 1 (IDDM)
- 1 Type 2 (NIDDM)
- 3 Other specified
- 4 Unspecified

We would always advise to contact the clinician to determine if the type can be established however in the absence of this clarification and in the absence of documentation of a specific type of diabetes we would advise you to follow the index and use the three character subdivision E14 *Unspecified*. This will be flagged in the data so we would advise if using this code to put a message in the information box explaining the use of this code.

**Q. 5 When oncology patients attend for port flushes is the neoplasm coded as an additional diagnosis with the z codes?**

**A.5** The ACCD have published a number of *Coding Rules* on this area previously available in 8<sup>th</sup> edition that also apply for 10<sup>th</sup> edition. These *Coding Rules* will be added to the IE Book in the next update. A code for the neoplasm is not assigned where the only care is for the port. We have provided the relevant *Coding Rules* below for information and Coding Rule TN203 7 of 7 answers this particular query.

Ref No: TN203 | Published On: 15-Sep-2008 | Status: Current

### Pharmacotherapy (4 of 7)

**Q:** If a patient is admitted for insertion of a Port-A-Cath, should Z45.2 *Adjustment and management of vascular access device* be assigned as the principal diagnosis or the reason for the insertion i.e. cancer codes?

**A:** As per ACS 0002 *Additional diagnoses*:

"The national morbidity data collection is not intended to describe the current disease status of the inpatient population but rather, the conditions that are significant in terms of treatment required, investigations needed and resources used in each episode of care".

If the admission is only for the insertion of a Port-A-Cath then Z45.2 is assigned as the principal diagnosis. Additional diagnosis codes for the neoplasm are only assigned if the condition meets ACS 0002 *Additional diagnoses*, i.e. if treatment of the neoplasm commences during the episode of care.

### Pharmacotherapy (5 of 7)

**Q:** If admission is for removal of Port-A-Cath, should the neoplasm codes be assigned as additional diagnosis?

**A:** To assign a code for the neoplasm, this condition needs to meet the criteria in ACS 0002 *Additional diagnoses* (refer also to question 4 above).

### Pharmacotherapy (6 of 7)

**Q:** Which ICD-10-AM/ACHI codes are assigned for a CADD disconnection only?

**A:** Assign Z45.1 *Adjustment and management of drug delivery or implanted device* and 13942-02

[1922] *Maintenance (alone) of drug delivery device.*

### Pharmacotherapy (7 of 7)

**Q:** What ICD-10-AM/ACHI codes are assigned for an admission for port flush only?

**A:** Assign Z45.2 *Adjustment and management of vascular access device* and 13939-02 [1922]

*Maintenance (alone) of vascular access device.*

Published 15 September 2008, for implementation 01 October 2008.





# Cracking the Code



## A selection of Coding Queries

### Q. 6 Does the advice in Coding Rule Q2712 regarding the coding of ultrasounds apply? Is the ultrasound coded?

A. 6 Please note the HPO have received a number of queries on the coding of ultrasounds. An Irish Coding Standard ICS 0042 has been created for 2021 to provide clarification on the coding of ultrasounds.

Also the ACCD have updated the advice in Q2712 to state that the ultrasound is not to be coded. Please see this updated Coding Rule below for application in Ireland. This advice is incorporated into the 2021 ICS 0042 *Procedures not Normally coded*.

#### UPDATED CODING RULE FOR APPLICATION IN IRELAND

Ref No: Q2712 | Published On: 15-Jun-2012 | Status: Updated | Updated On: 21-Sep-2020

#### Ultrasound guided compression repair of pseudoaneurysm

Q: Can you please clarify how to code ultrasound guided compression repair of a pseudoaneurysm?

A: Ultrasound guided compression repair of a pseudoaneurysm meets the definition of a procedure as per ACS 0016 *General procedure guidelines*, as it:

- carries a procedural risk
- may carry an anaesthetic (sedation) risk
- requires specialised training

The correct code to assign for repair of cubital fossa pseudoaneurysm using ultrasound guided compression is 92205-00 [1908] *Noninvasive therapeutic intervention, not elsewhere classified*, following the pathway:

#### Procedure

- therapeutic NEC 92205-00 [1908]

Do not assign an ACHI code for the ultrasound component, in accordance with the guidelines in ACS 0042 *Procedures normally not coded* and ACS 0016 *General procedure guidelines*, as it is inherent in the compression procedure.

See also coding rules Q3130 CT guided core biopsy of the lung and Q3378 Hookwire localisation of extramammary lesions.

Published 15 June 2012,  
for implementation 01 July 2012.

### Q. 7 Oral Chemotherapy

Can you assist with the following 3 queries on the coding of oral chemotherapy?

1. If a patient is admitted as a Day Case for Oral Chemotherapy only, do we assign 96203-00 *Oral administration of pharmacological agent, antineoplastic agent*?

1. Yes if a patient is admitted for administration of oral chemotherapy 96203-00 [1920] *Oral administration of pharmacological agent, antineoplastic agent* is assigned

2. If a patient is admitted as a Day Case for IV and Oral Chemotherapy – Is the Oral Chemotherapy also coded?

2. If a patient receives chemotherapy via 2 or more different administration routes all routes are coded out separately once. In this example assign a code for IV chemotherapy and a code for oral chemotherapy. As per ICS 0044 *Chemotherapy*, Oral chemotherapy is coded when administered.

3. If a patient is admitted as a Day Case for IV Chemotherapy and receives a prescription for Oral Chemotherapy, do we code the Oral Chemotherapy?

3. Only valid HIPE activity performed during an episode of care is coded on HIPE e.g. IV Chemotherapy. HIPE does not capture prescriptions as per ACS 0042 *procedures normally not coded* and oral chemotherapy is only coded when administered as per ICS 0044.

Q. 8 A day case patient with Menetrier Disease K29.60 *Other gastritis without mention of haemorrhage* is receiving a chemotherapy drug as antibody therapy. How is this coded?

A. 8 Please see ACS 0044 *Chemotherapy* and refer to section 'Same-day episodes of care for chemotherapy for conditions other than neoplasms'.

Please assign Menetrier Disease as the principal diagnosis along with a procedure code from block [1920] with the extension code -19 *other and unspecified agent*. For example if the drug was given via IV infusion assign 96199-19 [1920] *Intravenous administration of pharmacological agent- other and unspecified agent*.

#### Do you have a HIPE coding query?

Please email your query to: [hipecodingquery@hpo.ie](mailto:hipecodingquery@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](http://www.hpo.ie/find-it-fast).

Please anonymise any information sub-



To apply for any of the advertised courses, please complete the online training applications form at: [www.hpo.ie/training](http://www.hpo.ie/training) or use the link below.

<http://www.hpo.ie/training/frmTraining.aspx>

[hipe.training@hpo.ie](mailto:hipe.training@hpo.ie)

### Coding Skills II– A



This 3 day course is centred on clinical coding and clinical coding guidelines and includes HIPE Portal training. Participants must complete Introduction to HIPE I & II and Coding Skills I before attending this course. Materials will be dispatched by email in advance of the course.

Date: Tuesday, 19th to Thursday, 21<sup>st</sup> January 2021

Time: 10.00am - 5.00pm each day.

Location: WebEx only

### Coding Skills II– B: Respiratory

This 1 day course will concentrate on common respiratory conditions, coding and classification guidelines in relation to these conditions, and associated interventions. Participants must complete Introduction to Coding Skills II A before attending this course.

Note: Pre-course videos will be dispatched for viewing in advance

Date: Tuesday, 26th January 2021

Time: 10.00am - 5.00pm

Location: WebEx only



### Coding Skills II– C: Endoscopy follow up

This half- day course is centred on the clinical coding of same day endoscopies and the associated clinical coding guidelines. Participants must complete Coding Skills II A & B before attending this course.

Note: There is a requirement that Endoscopy tutorial videos be viewed in advance of the session. These will be dispatched along with other Coding Skills II training materials.

Date: Tuesday, 9<sup>th</sup> February 2021

Time: 10.30am-1pm

Location: WebEx only



### Introduction to HIPE I



This one day course is for new HIPE Clinical Coders who have received and studied their Starter Pack Material, and completed the exercises within the Pack. The course will include an over-view of HIPE, patient flow, the variables collected in HIPE, and an introduction to Medical terminology. This course must be completed in advance of Introduction to HIPE II. Follow-up exercises will be provided for completion on return to the Hospital.

Date: Tuesday, 2<sup>nd</sup> February 2021

Time: 10.00am – 5.00 pm

Location: WebEx only

### Introduction to HIPE II

This is the follow-up course for new coders who have completed Intro to HIPE I. This will be an interactive training session delivered via WebEx, and will provide feedback on completed pre-course exercises. It will address queries from participants in relation to HIPE and their role, information and materials will be provided in preparation for Coding Skills I. This course must be completed in advance of Coding Skills I

Date: Wednesday, 17<sup>th</sup> February 2021

Time: 10.30am – 1.00 pm

Location: WebEx Only



### Data Quality Session

This is an update on data quality activities and tools including The Portal, HCAT and Checker. This session will be repeated subject to demand.

Date: Thursday, 4th March 2021

Time: 11.00am – 1.00 pm

Location: WebEx Only



### Coding Skills I

This 2 day course is for new coders who have attended Introduction to HIPE I & II. This course will provide participants with an introduction to coding and to the ICD-10-AM/ACHI/ACS 10th edition. The course includes training in the use of the HIPE Portal software.

Date: Tuesday 9th and Wednesday, 10th March 2021

Time: 10.00am – 5.00pm each day

Location: WebEx only



### Thought for Today

*In the depth of winter, I finally learned that within me, there lay, an invincible summer.*

~ Albert Camus

