

HIPE Coding Notes



Special Edition

Edition No. 100, Spring 2024



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Editor's Note

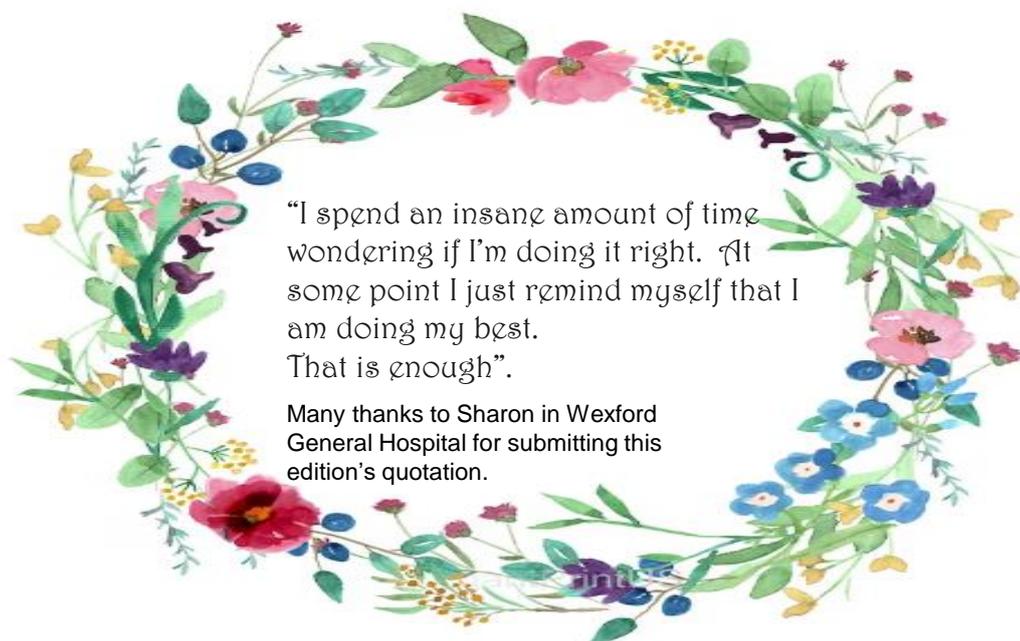
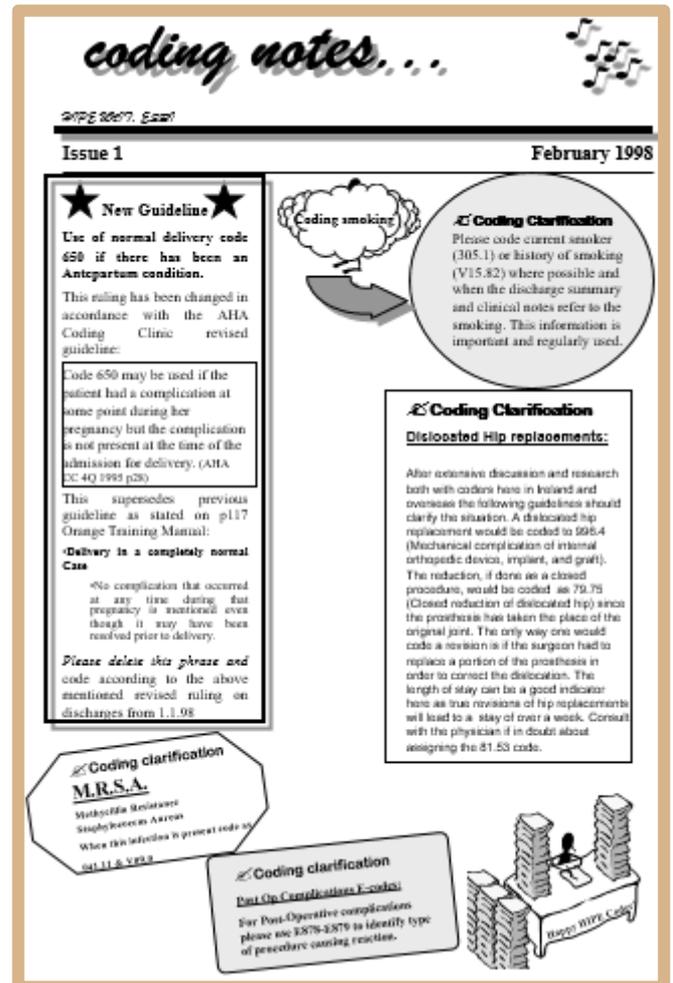
Welcome to the Spring Edition of Coding Notes our 100th edition

It's hard to believe that it has been 26 years since Deirdre Murphy, Coding Manager of HIPE & NPRS introduced us to the first edition of Coding Notes. It all began in February 1998 with a fledging, one page pamphlet featuring instructions on coding clarification and use of new guidelines in ICD9-CM. Deirdre retired from the HPO in 2022 and her first publication has grown into our bumper centenary edition of 20 pages!

Thanks to all the HIPE community for their participation in a successful update to 12th edition, which was implemented in January of 2024. On foot of the update, there is an important change to the guidance on the coding of day-cases for pharmacotherapy for neoplasm related conditions included in this edition and, further guidance has been issued to the wider HIPE system.

The 2023 HIPE file closes at the end of March 2024 and the HPO thanks all HIPE staff for their work and commitment to completing this national file.

The first issue of Coding Notes 1st February 1998



"I spend an insane amount of time wondering if I'm doing it right. At some point I just remind myself that I am doing my best. That is enough".

Many thanks to Sharon in Wexford General Hospital for submitting this edition's quotation.



HIPE News Desk

Closure of 2023 HIPE National File:

The HPO would like to thank all HIPE staff for their work in completing the 2023 HIPE national file and the deadline for the end of March export is Thursday 4th April. The 2023 file is the largest HIPE file to date, with over 1.8 million discharges. We acknowledge the efforts of all involved in another challenging year including the update to 12th edition.

Coding of Chemotherapy in 12th edition:

12

Following extensive consultation with stakeholders, Ireland will not be adopting the 12th edition changes for the coding of day case admissions for neoplasm related conditions. Ireland will revert to the 10th edition approach whereby day cases for pharmacotherapy for neoplasms and neoplasm related conditions will record a Z51.1 code along with the neoplasm and a procedure code with an extension of -00 from block [1920] Pharmacotherapy. Please see page 5 for details.

12th Edition Update Training:

12

Following on from the 12th edition update courses that were delivered last year we are delivering an additional online summary training course for Coders who were unable to attend one of the courses. This 1.5 day online training course will focus on the significant changes between ICD-10-AM/ACHI/ACS 10th edition and ICD-10-AM/ACHI/ACS 12th edition and will be delivered via Zoom as follows:

Tuesday 16th April (2pm – 5pm) & Wednesday 17th April (10am – 4.30pm)

If you or any of the coders at your hospital(s) wish to join this course please complete an online application at www.hpo.ie/training by COB on Monday 8th April.

Coding of Biers Block in Anaesthesia

The National Clinical Programme for Anaesthesiology (NCPA) are reviewing cases coded with the use of *92519-XX [1909] Intravenous regional anaesthesia* also known as Biers Block. The advice from the NCPA is that it would be unusual for Bier blocks to be performed for acute procedures in modern practice in Ireland. The HPO have sent a number of queries to hospitals and we would also encourage HIPE managers to audit the use of code *92519-XX [1909] Intravenous regional anaesthesia* in their hospital and correct cases where necessary.

HIPE Audits

Following the update to 12th edition, HIPE coding audits are now being scheduled from April this year. This is to allow sufficient amount of cases to be coded by a hospital as the audits will be focused on discharges from 1st January 2024. We look forward to seeing some of you in the coming months.

12

Daycases for Pharmacotherapy for Neoplasms/Neoplasm Related Conditions

Following consultation with stakeholders and with the agreement of the HIPE Governance Group the HPO is now putting in place guidelines on the coding of pharmacotherapy for neoplasms and neoplasm related conditions. The changes in 12th edition in this area pose difficulties with coding, reporting and data analysis for services for cancer patients. In 12th Edition ICD-10-AM/ACHI/ACS, daycase admissions for neoplasm related conditions did not have code **Z51.1 Admission for pharmacotherapy for neoplasm** for the admission, no code for the neoplasm and no procedure code to indicate neoplasm related pharmacotherapy and these cases would not be grouped to a neoplasm related AR DRG. In order to address this, the HPO have developed coding guidance which continues the approach taken in 10th edition ICD-10-AM/ACHI/ACS to the coding of day case admissions for pharmacotherapy for neoplasms and neoplasm related conditions.

The HPO have developed 2 new Irish Coding Standards (ICS) to provide guidance and these standards incorporate advice from 10th Edition, particularly on the coding of neoplasm related conditions, for use with 12th Edition. The HPO will circulate this information and the new Irish Coding Standards by email and they will also be available in the IE book. The new standards are:

- **ICS 0044 Pharmacotherapy:** This ICS sets out the guidance for coders in Ireland on the coding of admissions for pharmacotherapy for neoplasms, neoplasm related conditions and non-neoplastic conditions.
- **ICS 0206 Pharmacotherapy for neoplasms:** This ICS sets out the guidance for coders in Ireland on the coding of admissions for pharmacotherapy for neoplasms and neoplasm related conditions. There is some overlap with ICS 0044 for completeness. The examples are included and reflect the approach in this ICS for Ireland.

This advice is effective from 1st April 2024. Coders are asked to apply ICS 0044 and ICS 0206 to daycases being coded with any date in 2024 and this guidance mostly affects daycases with pharmacotherapy for neoplasm related conditions. We understand that some daycases for neoplasm related conditions may already have been coded for 2024 and due to the nature of the 12th Edition coding approach it is difficult to identify these cases in the dataset. Where coders come across a previously coded 2024 case, the case can be updated to reflect the updated guidance but this is not a requirement.

Training & Data Quality:

- The HPO will provide training and information on this guidance and will advertise training as soon as possible.
- The HPO have contacted Beamtree regarding the update to the ICS for the PICQ system be updated as soon as possible.
- Data entry edits will be updated as required and please advise the HPO if you identify any edits or checks that need to be reviewed.

We would like to thank all of those who have contributed and provided feedback on this area and we would like to thank the HIPE community for their patience as we worked to resolve this issue relating to the update of the classification.



HIPE Data Quality

HIPE Data Quality Statements

One of the recommendations in the *HIQA Review of Information Management Practices in HIPE* (2018)* in the “Use of Information” section, is the development of an overarching Data Quality Framework for HIPE. This Framework will enhance ongoing work within the HPO in relation to data quality.

An overall Data Quality Framework has been implemented for the HPO based on HIQAs *Guidance-for-a-Data-Quality-Framework* document. This Framework incorporates all data collections for the HPO, not just HIPE and is available on the HPO’s website at www.HPO.ie)

Another recommendation in the *HIQA Review of Information Management Practices in HIPE* (2018) in the “Governance, Leadership and Management” section was the standard production of annual Data Quality Statements. The HPO published a national HIPE Data Quality Statement in October 2023 (see www.HPO.ie).

As per the HIQA Review, it was noted that internationally, hospitals are required to report on the quality of their data through the use of quality conformance and assurance processes and the production of Data Quality Statements.

HIPE hospitals will be required to produce a HIPE Data Quality Statement per hospital. The HPO will liaise with hospitals and provide tools, such as templates and information on content, to support hospital level Data Quality Statements. The Data Quality Statements will be updated annually in line with HIQA guidance and the HPO is aiming for completion of local HIPE Data Quality Statements in September 2024. The HPO will be in contact with HIPE managers in relation to HIPE Data Quality Statements.

* HIQA’s *Review of Information Management Practices in HIPE* is available at <https://www.hiqa.ie/reports-and-publications/health-information/review-information-management-practices-hospital>



Review of Fields Collected by HIPE

As most of us are aware HIPE data can be used to inform decision-making, monitor diseases, organise services, support policy making, conduct quality research and plan for future health and social care needs, both at local and national level. The expectation is that the HIPE fields on the database are suitable for analysis. From experience we know this is not always the case, as many of the fields are downloaded from PAS and the quality is outside of HPO control.

The 2024 HIPE Data Dictionary has been published and includes the RAG status of each variable collected by HIPE at a national level. The dictionary also includes two new fields highlighting data quality. The ‘**Overall Quality Indicator**’ and ‘**Quality Commentary**’. The ‘Overall Quality Indicator’ informs the user of the HPO opinion on the quality of the HIPE field using a RAG (Red Amber Green) status with an additional BLUE code for developmental fields. Each HIPE field will be assigned a colour code based on analysis done on that field by the HPO.

This will prove to be very useful for all users of HIPE data as there can be confidence and assurance in regards to the HIPE data and its usage. A review will take place annually on fields where required, and the data quality indicator will be updated if necessary. This RAG status is not a reflection of any particular hospital but an overall national view of the quality of fields collected by HIPE.

Celebrating the 100th Edition of Coding Notes



In this centenary edition of Coding Notes we will take the time to look back over HIPE and coding milestones from the publication since 1998. We hear from Deirdre Murphy, former Head of HIPE & NPRS, who established Coding Notes as a regular quarterly publication for all those with an interest in HIPE and data collection both here in Ireland and overseas.

A number of submissions were received and we thank all of those who got in touch with memories and kind words about Coding Notes, unfortunately it's not possible to fully include all the responses received. One submission recalls working in HIPE with the late Anne Purcell who managed HIPE in the Medico-Social Research Board, which became the Health Research Board, and in its move over to the ESRI. The Coder mentions working with Anne as all coders were employed centrally and says "Anne's knowledge and attention to detail was passed down to the coders who worked for her. I am eternally grateful to Anne and I know that without her I would not have become the Coder/Trainer/Auditor/Manager I am today". The coder goes on to say of Anne "it would be very interesting to hear her views of coding today. I am sure she would be very happy at the changing times of HIPE Coding and the importance of the role of Coder in today's Ireland's Health Landscape."



The late Anne Purcell, ESRI

As we look to the future of Coding Notes, the health landscape is indeed changing and 2023 saw the highest ever number of discharges reported to HIPE at over 1.8 million. The new Health Regions are being implemented with new structures and we see developments in the health service utilising HIPE data to make informed decisions on service delivery for patients.



A Note from Deirdre Murphy.....

"Congratulations on this 100th edition of Coding Notes – a truly wonderful achievement.

HIPE as we all know is fast moving with deadlines ever present and high-quality data at the core of everything we do. Before the days of instant communications, a solution had to be found to let HIPE Clinical Coders know changes, clarifications and news. To ensure everyone was kept informed on a regular basis *Coding Notes* was developed and it was posted out to every clinical coder in the country. It proved a huge success and is an important record and reference point. Anyone can check on references, changes, news, and more across the years as all editions are publicly available on www.hpo.ie. The importance of keeping the system well informed has always been central to the work of the national HIPE team.

As I approached my retirement in 2022 I was very conscious that I wanted *Coding Notes* to continue, as it is a unique record for HIPE since the first edition in 1998. I always took a personal interest in the compilation of each edition so I am so very pleased to see it enhanced, improved and continuing to be such an important source of information for all those involved and interested in all things HIPE. I still receive each edition and thoroughly enjoy reading all the latest news and guidelines. It is great that it continues to be an important tool for communication, dissemination and recording of so much vital information. It is an important link for all in HIPE – past and present!

Always remember that anybody can contribute to *Coding Notes* and it belongs to all. Thanks to everybody in HIPE for continuing to develop and produce it in such a professional way. Congratulations and here's to another 100 editions."



Deirdre Murphy Coding Manager of HIPE & NPRS on the occasion of her retirement in 2022

How Coding Notes changed though the years.....



coding Notes
Issue 2
Coronary Ar
The HPE Software now features in Activity Sheet. The Code is 2022 and ICD-10M Coding Book. Please see our this new code.
Intensive work on table and more actual blood flow by regulars have also proven to be a significant result also, therefore reduced physical means to perform physical or surgical treatment in the site of the narrowed vessel via result such as the former or treated site.
New Coding Gui
Coronary Ar
Because an angioscopy, by an placement of a stent), the angioscopy code (36.01-36.0) followed by a code for placement of a stent code 36.06, the new stent code 36.06, the

1998

Coding Notes
Issue 7
December 1999
In this issue:
Revisiting the...
The HPE Software now features in Activity Sheet. The Code is 2022 and ICD-10M Coding Book. Please see our this new code.
Intensive work on table and more actual blood flow by regulars have also proven to be a significant result also, therefore reduced physical means to perform physical or surgical treatment in the site of the narrowed vessel via result such as the former or treated site.
New Coding Gui
Coronary Ar
Because an angioscopy, by an placement of a stent), the angioscopy code (36.01-36.0) followed by a code for placement of a stent code 36.06, the new stent code 36.06, the

2000

Coding Notes
Issue 15
Coding is good for you
National Clinical Coding Conference
The HPE Software now features in Activity Sheet. The Code is 2022 and ICD-10M Coding Book. Please see our this new code.
Intensive work on table and more actual blood flow by regulars have also proven to be a significant result also, therefore reduced physical means to perform physical or surgical treatment in the site of the narrowed vessel via result such as the former or treated site.
New Coding Gui
Coronary Ar
Because an angioscopy, by an placement of a stent), the angioscopy code (36.01-36.0) followed by a code for placement of a stent code 36.06, the new stent code 36.06, the

2002

Coding Notes
HPE Basic Course
will now be presented over two modules
Module 1 will run over two days and will give new Coders and others working within the HPE system a basic introduction to HPE and the ICD-10-AM classification.
Module 2 will run over two days and will give experienced Coders and others working within the HPE system a more advanced introduction to HPE and the ICD-10-AM classification.
The Basic Training course is undoubtedly the most important course a coder will attend. It is always a challenge to find a trainer to make the most of this course. Coding is a highly specialised course in the first step in a continuous education path undertaken as long as one is coding. The Basic course provides the foundation upon which all subsequent education will rest.
All of the training delivered by the ESRI is under constant review with trainers constantly educating themselves as well as developing new ways to present the material. Each course from Basic to Specialised Workshop is reviewed to ensure the optimum benefits for all attendees. Following on from input from attendees and review of the curriculum the Basic coding course will now be run in two separate modules, the first for two days and the second for three days. It will of course be mandatory for all coders to attend Module 1 before moving on to Module 2.
We are always looking at ways to develop and improve the course, a good delivery for an evening course. If you have any ideas for future HPE training courses please contact Maria Glynn.
WE'RE ON THE MOVE.....
From 1st November 2006, the ESRI will be located by Sir John Rogerson's Quay Dublin 2. Further details to follow. If you are based into a course be sure to double check the venue.
No. 24, 1st Floor, HPE, HPA, Health Policy & Information Division, DSI

2006

Coding Notes
Issue Number 41
April 2009
Coding Standards - ACS & ICS
Coding Standards provide guidance on the assignment of clinical codes. These clinical coding standards have been written with the basic objective of assisting sound coding, consistent with the ICD-10-AM and ICD-10-AM some of the Australian Coding Standards (ACS) have been amended and updated. Irish Coding Standards (ICS) have been produced to complement these and to provide clarification or additional information where necessary. These have also been updated for the 6th Edition of ICD-10-AM/ICD-10.
It is important that coders are familiar with all the standards, both Irish and Australian, and also the changes between the ACS and ICS in the edition and 6th Edition. Further information is available in the training materials supplied during the implementation training workshops in Phase 1 and Phase 2.
Irish Coding Standards (ICS) Version 2.0
Version 2.0 of the Irish Coding Standards (ICS) for use with the 6th Edition of ICD-10-AM/ICD-10 has been issued to all hospitals and is also available for download at www.esri.ie. There are 3 new standards, 6 revised standards and 4 standards have been deleted as they will not apply to the 6th Edition. Existing Standards have been revised for 6th Edition, for example ICS 101 Admission for kidney dialysis now uses the term kidney instead of renal as per 6th Edition. Following review of 6th Edition changes some Irish Coding Standards have been reviewed, deleted or created. New standards include:
ICS 1010 About many collection of bloods for diagnostic purposes
ICS 1012 Haemochromatosis & Venous Thromboembolism
See page 29 of Irish Coding Standards Version 2 for a full list of changes.
2009 HPE Instruction Manual
See page 29 of Irish Coding Standards Version 2 for a full list of changes.
Happy Easter!

2009

Coding Notes
2012 Review
HPE & HPA Health Research & Information Division
Issue 39
December 2012
The HPE Software now features in Activity Sheet. The Code is 2022 and ICD-10M Coding Book. Please see our this new code.
Intensive work on table and more actual blood flow by regulars have also proven to be a significant result also, therefore reduced physical means to perform physical or surgical treatment in the site of the narrowed vessel via result such as the former or treated site.
New Coding Gui
Coronary Ar
Because an angioscopy, by an placement of a stent), the angioscopy code (36.01-36.0) followed by a code for placement of a stent code 36.06, the new stent code 36.06, the

2012

Coding Notes
Issue 43
December 2014
The HPE Software now features in Activity Sheet. The Code is 2022 and ICD-10M Coding Book. Please see our this new code.
Intensive work on table and more actual blood flow by regulars have also proven to be a significant result also, therefore reduced physical means to perform physical or surgical treatment in the site of the narrowed vessel via result such as the former or treated site.
New Coding Gui
Coronary Ar
Because an angioscopy, by an placement of a stent), the angioscopy code (36.01-36.0) followed by a code for placement of a stent code 36.06, the new stent code 36.06, the

2014

Coding Notes
Issue 45
December 2016
The HPE Software now features in Activity Sheet. The Code is 2022 and ICD-10M Coding Book. Please see our this new code.
Intensive work on table and more actual blood flow by regulars have also proven to be a significant result also, therefore reduced physical means to perform physical or surgical treatment in the site of the narrowed vessel via result such as the former or treated site.
New Coding Gui
Coronary Ar
Because an angioscopy, by an placement of a stent), the angioscopy code (36.01-36.0) followed by a code for placement of a stent code 36.06, the new stent code 36.06, the

2016

Coding Notes
Issue 47
December 2018
The HPE Software now features in Activity Sheet. The Code is 2022 and ICD-10M Coding Book. Please see our this new code.
Intensive work on table and more actual blood flow by regulars have also proven to be a significant result also, therefore reduced physical means to perform physical or surgical treatment in the site of the narrowed vessel via result such as the former or treated site.
New Coding Gui
Coronary Ar
Because an angioscopy, by an placement of a stent), the angioscopy code (36.01-36.0) followed by a code for placement of a stent code 36.06, the new stent code 36.06, the

2018

Coding Notes
Issue No. 94, September 2022
The HPE Software now features in Activity Sheet. The Code is 2022 and ICD-10M Coding Book. Please see our this new code.
Intensive work on table and more actual blood flow by regulars have also proven to be a significant result also, therefore reduced physical means to perform physical or surgical treatment in the site of the narrowed vessel via result such as the former or treated site.
New Coding Gui
Coronary Ar
Because an angioscopy, by an placement of a stent), the angioscopy code (36.01-36.0) followed by a code for placement of a stent code 36.06, the new stent code 36.06, the

2022



Coding Notes provides HIPE Coders with responses to coding queries in our “Cracking the Code” feature. Shown below are some examples from older editions of queries and questions along with advice issued going back over classifications and editions. Coding advice strives to keep coders informed with up to date guidance on developments and advancements in the world of medicine. As always, you can submit your coding queries hipe.coding@hse.ie . The Coding Notes Index provides a look up to access information in previous issues (see www.HPO.ie)

Coding Notes is important in communicating national changes and updates to the HIPE coding community. In 2020 COVID-19 required emergency codes to be issued along with extensive guidance. Coding Notes was vital in imparting information and providing examples and Frequently Asked Questions to all involved in the capture of HIPE activity data.



Cracking the Code team 2006, Left to right:
Jacqui Curley (Coding Manager), Danielle Calvert, Amanda Coomer, Marie Glynn & Nicole Hopgood

Question: A patient was admitted for repair of Gamekeeper's thumb. What codes do we assign in this case?
Answer: Gamekeeper's thumb is coded to 718.84, the repair will be coded to 81.96, Repair of Ulnar Collateral Ligament.

Coding Clarification
Please code current smoker (305.1) or history of smoking (V15.82) where possible and when the discharge summary and clinical notes refer to the smoking. This information is important and regularly used.

Heliobacter
The new code for heliobacter 041.86 will now be sequenced after the gastric problem for all discharges from 1.1.99
e.g. Gastritis with Heliobacter
PDX: 535.5 Gastritis
041.86 Heliobacter

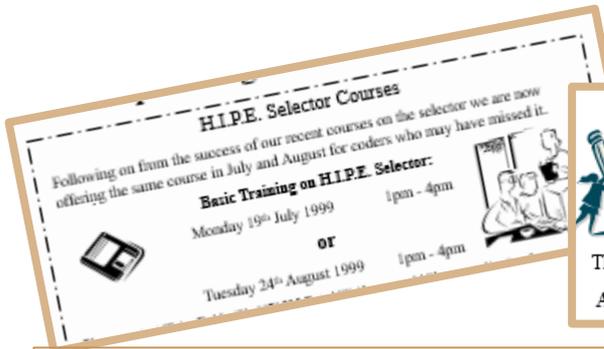
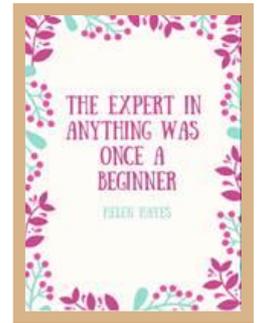
Question: A patient was admitted following accidental inhalation/ingestion of spray paint.
Answer: Assign codes 989.89 & E8616

Hay fever: 477.9
Sunburn: 692.71
Burn from barbecue: E897
Bee sting: 989.5
Dehydration: 276.5
Accident on the beach: E849.4
Sun stroke: 992.0
Accident caused by agricultural machinery: E919.0
Swimmer's cramp: 994.1, E910.2
Prickly heat / Heat rash: 705.1
Diving accident: E883.0
Pedal cycle accident: E826

On 6th April the HPO 2020 published the first ever HIPE Coding Advisory (CA1-060420) on the coding of unspecified pneumonia in COVID-19 patients in response to queries received.

HIPE Education through the years....

Coding Notes provides all HIPE staff with information on Clinical Coder training provided by the HPO and also keeps HIPE staff up to date on the Certificate in Clinical Coding Course which is run in conjunction with Technological University Dublin (TUD). Clinical coding requires ongoing training for coders of all levels of experience and knowledge.



Upcoming H.I.P.E. courses

Basic Coding Course

The next Basic Coding Course will be held in November in the E.S.R.I. :

A. **Basic Coding Course**9th, 10th and 11th November 1999.

2013 -In other exciting news we are delighted to be able to announce that we have signed an agreement with the Dublin Institute of Technology (DIT) that we are an accredited training body and will be able to provide a certified training programme for coders working within the HIPE system.

Coding courses held in 2001

2001 was another busy training year for the H.I.P.E. Unit with:
9 Basic coding courses - training a total of 62 people.
3 Intermediate courses - training a total of 31 people.
Workshops in Dublin and regionally were attended by 80 people.
Topics covered at these workshops included Obstetrics, Circulatory Disorders and Neoplasms.



Marie Glynn,
Training Co-ordinator



Marie Glynn presents an Introduction to ICD-10-AM to participants from the Department of Public Health, HSE at the ESRI in January.



ICD-10-AM Module 2 Workshop, ESRI December 2007

Intermediate Courses

An **ICD-10-AM Intermediate course** will be arranged and candidates will be contacted closer to the time.
If you have any candidates who require an **ICD-9-CM Intermediate course** please contact Marie Glynn.



6th Ed Dublin Workshop 2009



Marie Glynn, Head of Clinical Coding Education presenting the update in Sligo University Hospital in November 2019



HIPE Nostalgia.....

Coding Notes includes information on changes and updates in the HIPE system including changes to variables, HIPE coding fields, data entry systems and software to support HIPE coders. Please see below some examples of such updates over the years that have been included in Coding Notes.

Please don't forget to load the new version of H.I.P.E. and return your postcard

Please protect disks in the post by using padded mailers or padded envelopes. Contact the HIPE Unit if you require additional mailers.

2011 - The HIPE Portal is the next generation of HIPE data collection and reporting software and has now replaced the Windows HIPE software.

From January 2019, the HPO will use PICQ™ to understand coding quality across the hospitals, to identify training needs and to inform audit planning.



Windows for HIPE Data Entry System
There is never a dull moment for HIPE. Just as you have all completed your 1999 data returns you will be receiving the new Windows for HIPE Data Entry System which is being despatched this week. While this will be a completely new system for entry of cases, the data and coding remain the same.

W-Hipe Update News

The new **W-Hipe** Software for data entry is proceeding to live (beta) testing in a number of hospitals. When finalised for release, all hospitals will be notified of arrangements for distribution and training.

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

A new era for clinical coding in Ireland
Following an international review of options for the update of morbidity coding in Ireland and a Pilot study of ICD-10-AM, the decision has been made by the Department of Health and Children to update the coding of clinical data in HIPE to the ICD-10-AM classification. ICD-10-AM is the **International Statistical Classification of Diseases and Related Health Problems – Tenth Revision – Australian Modification.**

We know now that the new office will be called the Healthcare Pricing Office (HPO) and as of 1st January 2014 the HRID at the ESRI will no longer exist.

Effective from 1st January 2013 HIPE will collect the following information:

- Type of Elective Admission
- Specialty of Discharge Consultant
- For every record the patient's hospital of discharge will be downloaded.

Photographs from past Coding Notes.....



National Casemix Seminar 2011

Ann Murphy, HCC, Waterford Regional Hospital; Lillian Medley, Access & Performance Manager, South Tipperary General Hospital; Siobhan Delahunty, Finance Manager, STGH and Maura Downey, HIPE Coder, St. Luke's Hospital, Kilkenny.



2018 - Presenting their audit course projects at the HPO: Vicki Hirst, Wexford General Hospital, Jennifer Verling, Cork University Hospital, Jackie Dale, Tallaght University Hospital. Joined also by Jacqui Curley, Course Director.

NPRS Education Day 2008

Barbara Clyne, Shane McDermott, Sheelagh Bonham, Catherine Glennon, Brian McCarthy and Anna Lachacz.



HPO Audit Course June 2019 Sharon O'Connor, Deirdre Gallagher, Deirdre Clinton, Ann Hannon, Catherine Barrett Coughlan, Anna Maria Sealy, Aine Henderson Collins, Martina Hennessy, Orlagh Harty, Siobhan Cullinane, Frank Cumming, Mary Maher



Receiving certificates of completion of the Audit Course at the HPO on 28th May were Orla Dolan, Mariae Duggan, Catherine Holmes, Jonathan Dunne, Doris Feeley and Mary McPartland. Also present were HPO staff Marie Rice, Helen Nolan and Jacqui Curley. Certificates of completion were also awarded in absentia to Orla Boyle, Pauline Doherty, Noreen Loughnane and Deirdre O'Donnell.



Activity Based Funding Conference 2022



12th Edition Update workshop November 2023



Activity Based Funding Conference 2023

DIT/TUD Graduates through the years....



Graduation Day—DIT, 21st February 2015



DIT Graduation— May 2016



DIT Graduation— May 2016



DIT Graduation— February 2017



TUD Graduation 2019 - 2023



DIT Graduation 2018

Cracking The Code



Q
A

A patient was tested for COVID-19 on the 21.12.2023 whilst an inpatient. The patient was subsequently discharged on the 02.01.2024. Can you advise if it is correct to use the testing code and new diagnoses codes in respect to COVID-19?

12

The 12th Edition ICD-10-AM should be applied to the coding of all patients *discharged* on or after 1.1.24. As per the guidelines, when laboratory testing is documented (e.g. polymerase chain reaction (PCR), serology) as being performed during an episode of care to identify a SARS-CoV-2 infection, please assign **96273-00 [1866] Testing for severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]**. Please see Coding Rule TN1601 for more information.

Q
A

If a patient is tested for COVID-19 whilst in ED, and then admitted, do we assign **96273-00 [1866] Testing for severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]**?

12

We can confirm that tests conducted in Emergency Departments are not collected in HIPE. Therefore, for this scenario you will not be coding a procedure code for the COVID-19 test performed in the E.D.

Q
A

What is the procedure code for Mucosal advancement flap for Anal Fistula?

The code is: **32165-00 Repair of anal fistula with rectal mucosa advancement flap [940]**

The look up for this code is:
Advancement
- Mucosal flap
- - with repair of anal fistula

32165-00 Repair of anal fistula with rectal mucosa advancement flap [940]



If there is documentation that a patient has been clinically diagnosed with pneumonia and no documentation of another infection, and a Pneumococcal Urine Antigen Test is performed which indicates the presence of Strep. pneumoniae, can it be assumed that the Strep. pneumoniae is the causative agent for the pneumonia?

The HPO sought clinical advice from a consultant microbiologist on this and the advise is that if there is documentation of the presence of Strep. pneumoniae it can be assumed to be the causative agent of the pneumonia when there is no other infection present.



When patients are admitted **electively as a day case** and during the episode, another condition necessitates an **emergency** admission as an inpatient our hospital, we change the type of admission from 1 *Elective* to 4 *Emergency*, is this correct?

A. No, the admission type is not changed. The admission type for any such admitted day cases remains that of the day case.

Please refer to the guidelines in the Irish Coding Standards as follows:

ICS, Section 2: HIPE Guidelines For Administrative Data see item **V. Patients Discharged And Re-admitted On The Same Day**

If a day case patient is admitted to the hospital from the day ward or 'kept in' then the two cases are merged, as the patient was not discharged from the hospital following the day case. The admission type for any such admitted day cases remains that of the day case.

Please note that the title of this section of the Irish Coding Standards will be updated in the next edition to reflect this advice.

Example:

A patient is admitted electively as a day case on 02/02/YYYY for removal of fracture pins inserted 6 months previously in the same hospital, and following the procedure (during the episode), the patient's Type 2 diabetes was unstable and necessitated an emergency in-patient admission. The patient was discharged on 05/02/YYYY. The day case and in-patient episodes are merged.

Date of admission: 02/02/YYYY

Date of discharge: 05/05/YYYY

Type of admission: 2 *Elective Admission*

Principal Diagnosis: **Z47.0** *Follow-up care involving removal of fracture plate and other internal fixation device*

Additional Diagnoses: **E11.65** *Type 2 diabetes mellitus with poor control*

Assign codes for any other additional diagnoses that meet criteria for collection in ACS 0002

Additional Diagnoses and assign ACHI codes as appropriate.



Q What documentation can be used if the episode of care states a 'metastatic' neoplasm without specifying the site(s) of the secondary (metastatic) neoplasm(s)?

A Where there is no information on the sites of the metastases and where metastatic is documented **C79.9 Secondary malignant neoplasm, unspecified site** can be assigned. Further guidance is provided in the following standards.

ACS 0236 Neoplasm Coding And Sequencing states:

Where a (primary) metastatic neoplasm is documented without specification of the secondary (metastatic) site(s), apply the guidelines in **ACS 0010** Abstraction from other sources of information to determine the site(s) of the metastases from outside the episode of care”.

- Assign code(s) for secondary (metastatic) sites that are documented by the clinician in the current episode of care.

ACS 0010 Clinical Documentation And General Abstraction guidelines. **ACS 0010** states “In addition to the above circumstances, it may also be necessary for clinical coders to access sources of information outside the current episode of care to inform code assignment by: gaining specificity on diagnoses documented within the current episode of care”.

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Q What is the correct code assignment for respiratory acidosis in a patient with diabetes mellitus?

A **Coding Rule, Q3003** Metabolic acidosis in a diabetes mellitus patient, published 15 September 2015 answers this specific question.

“Respiratory acidosis is a metabolic derangement of acid-base balance where the blood pH is abnormally low. Respiratory acidosis will occur if the lungs are not ventilating properly resulting in an excess of carbon dioxide in the body (Mondofacto, 1999).

Respiratory acidosis may have a variety of different causes, including:

- COPD
- Neuromuscular diseases
- Chest wall disorders
- Obesity-hypoventilation syndrome
- Obstructive sleep apnoea (OSA)
- Central nervous system (CNS) depression
- Other lung and airway diseases (Medscape, 2015).



ICD-10-AM does not assume a causal link between diabetes mellitus and respiratory acidosis when both are documented.

ICD-10-AM does however assume a causal link where there is documentation of lactic acidosis or ketoacidosis as per the index pathway below:

Diabetes, diabetic

- with

- - acidosis - see also Diabetes/with/ketoacidosis

- - - lactic (without coma) **E1-.13**

- - - - with coma **E1-.14**

- - - - and ketoacidosis (without coma) **E1-.15**

- - - - - with coma **E1-.16**

For a patient with respiratory acidosis and diabetes mellitus assign:

E87.2 Acidosis following the index below with the appropriate diabetes mellitus code and sequence according to **ACS 0001** Principal Diagnosis and **ACS 0002** Additional Diagnoses.

Acidosis (lactic) (respiratory) **E87.2”**

Q Could you advise on a procedure code for 'Omental Patch' for duodenum ulcer repair?

A Following guidelines in other jurisdictions in respect to the coding of 'omental patch' , we advise to assign the following two ACHI codes for this case as follows:

Repair

- intestine (bowel)

- - small NEC **30375-19 [901]**

Assign 30375-19 [901] Other repair of small intestine

Also assign the following code for the perforated ulcer repair

Suture

- ulcer, perforated (duodenal) (gastric) **30375-10 [887]**

Assign 30375-10 [887] Suture of perforated ulcer

Oversewing of:

- diverticulum for perforated ulcer
- perforated ulcer (duodenal) (gastric)



Q How is a carrier of CPE (carbapenemase producing enterobacterales) coded in 12th edition?

A **ACS 0112 Infection With Drug Resistant Microorganisms/Classification/Carrier Status Or Colonisation without infection** states:

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Where clinical documentation indicates in an episode of care, the presence of a drug resistant microorganism, but the patient does not have an infection caused by that organism, assign:

- a code from category **Z22 Carrier of infectious disease** in accordance with **ACS 0001 Principal Diagnosis** or **ACS 0002 Additional Diagnoses**
- one or more codes from block **Z14-Z16** to identify resistance to antimicrobial drugs”

Therefore, in the case of a carrier of CPE in the query submitted please assign the following codes:

Z22.3 Carrier of other specified bacterial disease

&

Z14.31 Resistance to carbapenems

In addition to the Coding Standard, Coding Rules TN1601-2 , TN1601-3 and pages 22 - 32 of the 12th Edition Implementation Workbook (distributed at the recent update courses) is of assistance to coders, as the update saw a major change to the coding of drug resistant micro-organisms.

Upcoming courses



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To apply for any of the advertised courses, please complete the online training application form at this address: 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
When applying to participate in training courses please take note of the details regarding the venue or method of delivery.

Closing date for completion of online application forms for all courses is to allow time for the HPO Education Team to dispatch training materials and for completion of pre-course learning activities by participants in advance of courses, it is paramount that applications are submitted on time. Please submit completed applications no later than 7 working days in advance of the course start date.

Essential materials to participate in online courses.

You will require the following:

- ICD-10-AM/ACHI/ACS 12th edition (IEBook or hard copy)
- Training materials, dispatched in advance of the course
- Irish Coding Standards 2024 (V1.1)
- 2024 HIPE Instruction Manual (V1.0)

HIPE Variables Training:

There are no changes to the HIPE variables for 2024. A link to a training video for variables introduced in 2022 was despatched to all HIPE coders in April of last year. Please contact hipe.training@hpo.ie if you require a copy of this link.

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ADDITIONAL ON-LINE 12TH EDITION UPDATE COURSE

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This **1.5 day** training course will focus on the significant changes between ICD-10-AM/ACHI/ACS 10th edition and ICD-10-AM/ACHI/ACS 12th edition and will be delivered via Zoom as follows:

Tuesday 16th April (2pm – 5pm) & Wednesday 17th April (10am – 4.30pm)

If you or any of the coders at your hospital(s) wish to join this course please complete an online application at www.hpo.ie/training by COB on Monday 8th April.



Coding Skills III - 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: Wednesday 10th April 2024
Time: 10.00am - 5.00pm
Location: HPO

Coding Skills IV Workshops

Half-day or one-day clinical coding workshops for HIPE clinical coders provide clinical and coding information on specialty areas such as Endoscopies, Neoplasms, Cardiology, Obstetrics, Diabetes and Z-codes. Workshops will primarily address coding issues in depth and also where appropriate will incorporate a guest speaker who is an expert in the area to address the clinical aspects of the topic. HIPE clinical coders are invited to submit specific requests for topics and questions to be covered at specialty workshops. Sessions are also held on Data Quality, Data Quality tools such as HIPE Coding Audit Toolkit (HCAT) and the Checker software.

Introduction to Obstetrics

Date: Thursday 11th April 2024
Time: 10.00am - 5.00pm
Location: Online

Coding Skills II (A)

This three-day training course is held at the HPO, approximately one month after Coding Skills I. The 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 (AR DRGs). Participants must complete Introduction to HIPE I & II and Coding Skills I, and in addition are required to complete any pre-course reading and exercises, as appropriate before attending this course.

Date: Tue 30th April - Thu 2nd May 2024
Time: 10.00am – 5.00 pm each day
Location: HPO only

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 15th May 2024
Time: 10.00am - 5.00pm
Location: HPO



Coding Skills II (C) Endoscopy

This course includes pre-recorded tutorials and workbooks containing clinical and coding information associated with same-day endoscopies. The tutorials are to be viewed and exercises completed in advance of participating in a half day follow-up course. The half-day follow-up course is centred on the clinical coding of same day endoscopies and the associated clinical coding guidelines. Participants must also have completed Coding Skills II (A) & Coding Skills II (B)

Date: Tue 28th May 2024

Time: 10.30am - 1.00pm

Location: Online only

Data Quality

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 13th June 2024

Time: 11.00am – 1.00 pm

Location: Online only

Coding Skills III - A

This course is held over three days, and HIPE clinical coders are invited to participate 3-6 months after completing Coding Skills II. The course aims to consolidate training and work experience and it is expected that HIPE clinical coders will have had significant experience coding within the hospital environment. This course facilitates in-depth discussion of coding scenarios and classification guidelines are provided in conjunction with further training on clinical specialties. This course includes HIPE Portal training. Pre-course reading and exercises are to be completed in advance of the course.

Date: Tue 18th - Thu 20th June 2024

Time: 10.00am - 5.00pm each day

Location: HPO

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: Thursday 4th July 2024

Time: 10.00am - 5.00pm

Location: HPO