Government of **Western Australia**
Department of **Health**

Coding Education Newsletter

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Delivering a **Healthy WA**

Coding queries & audit discussion cases

Coding queries

The April 2013 coding queries and audit discussion cases are now available to view on our website: http://www.clinicalcoding.health.wa.gov.au/news/

1. Transperineal biopsy of prostate
2. Self-inflicted urethral trauma from IDC
3. Lipofilling of breast scars
4. Trimming of tendon of hand
5. Facet joint cyst
6. Tibia and fibula fracture with medial malleolus fracture
7. Reflux symptoms
8. Long term use of aspirin
9. Caudal epidural injection

NCCC query responses

1. Levator ani syndrome
2. Choroidal neovascularisation
3. Intramucsoal adenocarcinoma of the colon

Audit discussion cases

- Part 2 of review of episodes grouped to DRG 801: Operating Room Procedure Unrelated to Principal Diagnosis.

NCCC

ICD-10-AM/ACHI/ACS 8th edition workshops

ICD-10-AM/ACHI/ACS Eight Edition education workshops commence soon.

If you are unable to attend a workshop, the education material will be posted on the NCCC website as a tutorial video from mid-June 2013. NIP registrants will be notified when the tutorial video becomes available.

Activity Based Funding

The ABF/ABM team, in conjunction with health service staff and the Department of Health Clinical Coding Audit team, are involved in two audits of health service activity.

Emergency Department Admissions

This audit looked at the number of Emergency Department (ED) admissions with less than four hours duration. This work follows on from the Corporate Governance Audit of this area which took place last year, which found a high number of short admissions. Findings from this audit have been used to revise the *Admissions, Readmissions, Discharge and Transfer* policy for 2013-2014. An information session on these changes took place on 29 April 2013.

Non-designated Subacute Care – Rehabilitation Episodes

This audit looks at admissions with Rehabilitation care type. The audit is currently underway at Rockingham General Hospital, Fremantle Hospital, Sir Charles Gairdner, Swan Kalamunda and Royal Perth Hospital.

Findings from this audit will be used to inform the development of the Subacute Care aspects of the *Admissions, Readmissions, Discharge and Transfer* policy review for July 2013.

If you would like further information, or would like to be involved in work to improve clinical documentation in this area, please contact Kathy Alloway at kathleen.alloway@health.wa.gov.au

Data Quality

Review of Mental Health Legal Status (MHLS)

Thank you to all who provided feedback to the questionnaire on collection of Mental Health Legal Status (MHLS). Your input was most informative, diverse and invaluable. As anticipated, the responses confirmed the need for more comprehensive and clear instruction on both Mental Health Legal Forms and how they can influence the accuracy of assigning Voluntary versus Involuntary in the MHLS field. We have already commenced work on a new Operational Directive and plan to expand the HMDS Reference Manual to provide you with improved definition and instruction on capture of MHLS. Stay tuned!

Infant admission weight

A recent clinical coding audit conducted by Performance Activity and Quality reported inaccuracies and irregularities in the reporting of infant admission weight.

In response to audit results, the Data Quality Team have commenced work on a suite of new data quality edits designed to uphold data definition and business rules associated with infant admission weight and encourage greater consistency with diagnosis code assignment. Some of the edits being formulated are likely to enforce that:

- Infant admission weight is only reported for patients aged less than 365 days at admission and weight is less than 9000 grams
- Infant admission weight is realistic/logical for age at admission
- Obvious default/dummy infant admission weights are minimised
- Specific P07 codes correspond to the reported infant admission weight
- Specific P05 codes correspond to the reported infant admission weight

Infant admission weight is an important data item that informs DRG assignment and subsequent funding. Therefore it is very important that the reported infant admission weights are precise, consistent with age on admission and comply with the prescribed data definition as specified in the HMDS Reference Manual.

We will send out notification prior to implementation of any new edits. In the meantime, if you have any questions regarding any HMDS data definitions or data quality edits, please don't hesitate to contact the Data Quality Team on (08) 9222 4290.

Tips for coders....

It is mandatory to record infant admission weight for patients who are **less than 365 days of age <u>AND</u> weigh less than or equal to 9000 grams** at admission.

Infant admission weight **exceeding 9000 grams** is not reportable and should be left blank.

Infant admission weight for patients **365 days of age or older** is not reportable and should be left blank.

Infant admission weight for **boarders** is not reportable and should be left blank.
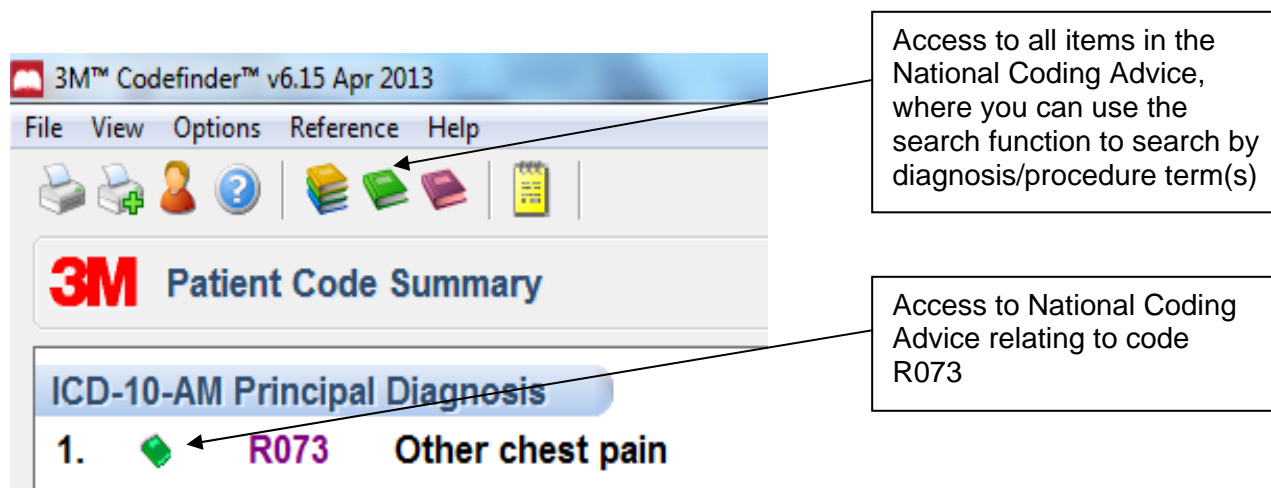

3M Codefinder™ tip
The first instalment of a regular 'helpful hints' feature from
3M Clinical Support Specialist, Kathy Wilton

National Coding Advice

The National Coding Advice is a collective repository of all the current coding advice issued in Coding Matters in the period from July 1998 to June 2010; and the Coding Q&A documents published from October 2010. In addition, other coding advice issued by the National Casemix and Classification Centre (NCCC) is included. As advice in these documents becomes invalid or is incorporated as part of a new edition of ICD-10-AM, the item is removed from the National Coding Advice in Codefinder™. We should see quite a few changes in the listed National Coding Advice with ICD-10-AM, 8th Edition just around the corner.

You can access the National Coding Advice in two ways:

1. If you wish to search in all the documents listed under the National Coding Advice, click on the green book icon in the top tool bar of the Patient Code Summary. This will take you into the reference section in Codefinder™. In the tool bar on this frame you will find an option 'Search'. When you click the Search button, a window will appear. Insert the term(s) you wish to search for, click OK and the results will be presented. Highlight the reference you wish to view and click on 'Go to'. This will take you to the reference.

2. When a green book icon appears next to a code on the Patient Code Summary screen you can click on the green book icon and any advice pertaining to that code will be displayed.

Access to all items in the National Coding Advice, where you can use the search function to search by diagnosis/procedure term(s)

Access to National Coding Advice relating to code R073

Stay tuned for more 'helpful hints' in the next Newsletter. I will be planning some site visits to Western Australia in June/July. Please let me know if you would like a visit to your hospital at this time.

You are always welcome to contact me on any matter regarding Codefinder™ at kwwilton@mmm.com

Coding tip: Booked admissions - cancelled or abandoned procedures when patient already in theatre

If a booked procedure is cancelled or abandoned when the patient is already in theatre, the WA Coding Standard (WACS 02) flowchart directs the coder to see *ACS 0011 Admission for surgery not performed*.

ACS 0011 Admission for surgery not performed provides guidance for three scenarios:

a. *If surgery was not carried out due to an administrative problem*
b. *Where a Z code would normally be assigned to capture the reason for hospitalisation and the surgery is cancelled*
c. *If surgery was not carried out due to another condition or complication being present on admission*

If neither a, b or c apply, the coder should default to *ACS 0001 Principal diagnosis* and *ACS 0019 Procedure not completed or interrupted.*

Example
Booked endoscopy to investigate epigastric pain. Patient arrives in endoscopy suite. IV line is placed, but before sedation begins the patient complains of crushing chest pain. The procedure is abandoned but the admission continues for investigation of chest pain.

- There is no administrative problem causing cancellation (ACS 0011 scenario a)
- The reason for hospitalisation (R101) is not a Z code (ACS 0011 scenario b)
- The condition (chest pain) which caused cancellation and now requires inpatient care was not present <u>on admission</u> (ACS 0011 scenario c).

As neither a, b or c apply, we default to the following section of *ACS 0001 Principal diagnosis:*

Original treatment plan not carried out
Sequence as the principal diagnosis the condition which after study occasioned the admission to the hospital, even though treatment may not have been carried out due to unforeseen circumstances.

The condition which chiefly occasioned admission was epigastric pain (R10.1). The chest pain (R07.4) arose after admission, when already in theatre. Z53.0 is also assigned to show that a booked procedure was cancelled.

We also follow *ACS 0019 Procedure not completed or interrupted* which directs:

If a surgical procedure was interrupted or not completed for any reason, code to the extent of the procedure performed.

In this case, assign 90220-00 *Catheterisation/ cannulation of other vein.* If the sedation had commenced, 92515-xx would be assigned instead.

Code assignment:

R10.1	Pain localised to upper abdomen
R07.4	Chest pain, unspecified
Z53.0	Procedure not carried out because of contraindication
90220-00	Catheterisation/cannulation of other vein

Back to basics: instructional terms 'Code also' and 'Use additional code'

The ICD-10-AM Tabular List of Diseases contains instructional terms 'Code also...' and 'Use additional code...' for some codes and code ranges. It is mandatory to follow these instructional terms and assign the additional code, even if the condition does not meet criteria for coding in the current episode.

Example 1
Patient admitted with cerebral infarction. Patient also has hypertension but in this episode hypertension does not meet criteria in ACS 0002 *Additional diagnoses*

Code assignment:
I63.9   Cerebral infarction, unspecified
I10   Essential (primary) hypertension

Hypertension is coded regardless of whether it meets ACS 0002, because of the instructional term *'Use additional code to identify presence of hypertension'* listed at I60-I69 Cerebrovascular diseases. This means any code in this range must be accompanied by an additional code for hypertension if present.

Example 2
Patient admitted for laser treatment of retinopathy. Patient has type 2 diabetes and stage 3 CKD.
Code assignment:
E11.31   Type 2 diabetes with background retinopathy
E11.22   Type 2 diabetes with established diabetic nephropathy
N18.3   Chronic kidney disease, stage 3

CKD is coded regardless of whether it meets ACS 0002 because of the instructional term *'Use additional code to identify the presence of chronic kidney disease (N18.-)'* listed at E11.22 in the tabular list.

It is important to note that when following rule 4b in ACS 0401 *Diabetes mellitus and intermediate hyperglycaemia,* 'Code also...' and 'Use additional code...' instructional terms take precedence over ACS 0002.

Rule 4b: Complications or conditions associated with DM or IH classified outside of category E09-E14 should only be coded when the condition meets the criteria in ACS 0001 *Principal diagnosis* or ACS 0002 *Additional diagnoses.*

Therefore in our diabetes example above, the complication classified outside of category E09-E14 (N18.3) is coded regardless of whether it meets ACS 0002 because of the 'Use additional code....' instruction.

Example 3
Spontaneous rupture of uterus during labour, patient has history of past caesarean section (uterine scar).

There is an instructional term listed at code O71.11 *'Code also uterine scar from previous Surgery (O34.2)'.* This provides direction for the coder to add a code for the uterine scar.

Coder spotlight

This issue we interviewed Paul Kempshall from Sir Charles Gairdner Hospital …

How long have you been coding?

I have been coding at Sir Charles Gairdner Hospital for 7 years on July 24, although my employment in the public health system started at Fremantle Hospital on 17 August 1979.

Which hospital did you commence your coding career?

My first fulltime coding position was and still is at Sir Charles Gairdner Hospital. I did however receive some training at Rockingham General Hospital after completing the HIMAA Introduction to Clinical Coding course.

What made you decide to become a clinical coder?

While employed at Rockingham General Hospital I was offered the opportunity to complete the Medical Terminology Course through HIMAA, and also the Introduction to Clinical Coding course, it seemed an interesting and challenging career to pursue.

What do you like most about clinical coding?

I have been fortunate to have worked in many areas within health information at various sites over almost 34 years, so I knew I would continue to enjoy working in the health environment. I find coding interesting as you can never know everything – it is always changing and continues to be challenging. I have always found the staff in health to be friendly and helpful, and the flexibility of working hours within the coding area is also a big plus.

What do you like least about clinical coding?

There is nothing I particularly dislike about coding, I think it has been a good career choice for myself.

Have you recently undertaken coding workshops, conferences, courses etc? Or plan to in the future?

Yes, last year I completed and passed the Highly Complex Clinical Coding course through HIMAA with the assistance of a scholarship from the Department of Health. As I am currently acting Auditor/Educator at SCGH, I am considering completing the La Trobe Short Course in Auditing in the future.

What casemix/specialties do you find most challenging in your current role?

Due to the complexity of the casemix at SCGH, all specialties can be challenging, and so as a coder I am constantly challenged to increase my knowledge.

Describe the coding service at your hospital?

The coding department at SCGH is located on the first floor of E Block just above Charlies Café. We have a coordinator, 22 full-time and part-time coders, and three auditor/educators. Coders are located in four separate rooms all of which have windows. We are fortunate to have coders of varying experience and this assists with education and problem solving. We also have the opportunity to liaise with clinicians, as well as having education as part of our internal coding department meetings.

March quiz winner & answers

Congratulations to clinical coder Evans Obaga from Kalgoorlie Hospital, who won the March 2013 quiz competition with the following answers:

1) Which of the following is <u>not</u> listed in the ICD-10-AM external cause of injury index?
   - Bitten by millipede
   - Contact with bat fish
   - Crushed by lizard
   - **Contact with parrot**

2) According to the HMDS Reference Manual (July 2012), how many separations were added to the HMDS collection in 2011/2012? **850,000 separations**

3) What is the name of the smallest bone in the human body? **Stapes (or stirrup) bone in ear**

4) Which organ is affected in Gull's disease? **Thyroid**

5) What are the four major blood types? **A, B, AB, O**

6) A newborn is assigned "Qualified" status if they have a serious medical condition. True or False? **False**

The newborn's medical condition is irrelevant. A newborn is assigned Qualified status if they meet <u>at least one</u> of the following criteria:
- **Is the second or subsequent live born infant or a multiple birth, whose mother is currently an admitted patient;**
- **Is admitted to a Level 2 Nursery or Neonatal Intensive Care Unit (based on requirement to receive this level of care, not because of bed availability);**
- **Remains in hospital without its mother;**
- **Is admitted to the hospital without its mother (including if mother is a boarder).**

7) The spot on the back of the elbow where the ulnar nerve rests against the humerus bone is commonly referred to as the **<u>funny</u>** bone.

8) In which organ is the oblique fissure located? **Lung**

9) When a patient requires transfer to another hospital for management of a condition, the code Z75.3 *Unavailability and inaccessibility of health-care facilities* should be assigned. True or False? **False**

   Z75.3 *Unavailability and inaccessibility of health-care facilities* is not routinely assigned for all transfers. It should only be assigned in accordance with *ACS 0012 Suspected conditions* i.e. when a patient is transferred for further investigation of a suspected condition, the transferring hospital should assign the suspected condition code followed by Z75.3 as a 'flag' to identify that the patient was transferred because of a suspected condition.

10) Who shared the Nobel Prize in 1945 with Sir Alexander Fleming, for the discovery of penicillin and its curative effect in various infectious diseases? **Ernst Boris Chain and Sir Howard Walter Florey**

April quiz competition

The first entrant to submit correct answers for all 10 quiz questions via email to: vedrana.savietto@health.wa.gov.au will win a double pass for Hoyts or Greater Union cinemas. The quiz answers and winner will be announced next issue. Previous winners are not eligible to enter again. Good luck!

1. According to the HMDS Reference Manual (July 2012), what is the maximum length of digits for the data element *Infant Weight*?

2. Which of the following is NOT in the hepatobiliary system:
   a. Kupffer cells
   b. Wharton's duct
   c. Bile canaliculi
   d. Disse's space

3. "Code also" and "Use additional code" instructions take precedence over criteria in ACS 0002 *Additional diagnoses*.
   True or False?

4. The primary malignancy is coded as a current condition if a subsequent admission for wider excision shows there is no residual malignancy on histopathology. True or False?

5. The official group responsible for reviewing and endorsing coding queries in Western Australia:
   a. WA Coding Advisory Panel
   b. WA Coding Committee
   c. WA Clinical Coding Advisory Group

6. How many thoracic vertebrae are there in the human body?

7. Codes in categories P00–P04 *Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery* can be assigned for adult patients. True or False?

8. Name the condition where there is acute inflammation and infection of the alveoli, which fill with pus and fluids.

9. According to NCCC national coding advice, what is the correct diagnosis code assignment for Levator Ani Syndrome?

10. Name the two newly created Australian Coding Standards in 8th edition, as detailed in the NCCC Eighth Edition Forecast.