

Codefile

Quarterly Newsletter of the Queensland Coding Committee

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Collection of Procedure Dates

Date of Procedure is a new additive to Data Collection, which entails the collection of dates for a range of procedures. As this will be mandatory for a determined range of procedures, it is necessary for the appropriate range to be agreed upon. Proposals of valid ranges have been submitted to the Data Services Unit to determine the range of procedures that the dates will need to be collected for. The importance of the introduction of this data element is to gather accurate information on pre and post-operative lengths of stay. This information will be ascertained by evaluating the timing of a

procedure in relation to the episode of care. This is of special importance given current initiatives to encourage day of admission surgery and day only procedures.

Queensland plans to collect the date of procedure for all procedures with exceptions such as haemodialysis, peritoneal dialysis, hyperbaric oxygenation, and same day chemotherapy, allied health codes (block 1916) radiological procedures (eg CT, MRI scans) for all procedures as of 1 July 2001. This plan is still yet to be finalised and any queries or problems can be forwarded on to Ann Hay at GPO Box 48, Brisbane Qld 4001 or at ann_hay@health.qld.gov.au

Corporate Reference Data System

The Corporate Reference Data System (CRDS) is a central repository that holds commonly used corporate reference data for use by Queensland Health applications. It is a secure stand-alone Oracle database, which only allows authorised users to access the system. Client applications can obtain a copy of the data held within CRDS by requesting the data from the CRDS Administrator on 07 3234 1886.

This database aims at improving data standardisation and availability across Qld Health Corporate Information Systems by using reference data obtained from a centrally maintained source.

CRDS holds commonly used data items which have been endorsed as Qld Health standards in the Qld Health Data Dictionary. Data items held on CRDS include: Locality data; International Classification of Disease (ICD), Diagnostic Related Groups (DRG's), Marital Status; Country of Birth; Language Codes and Facility details.

The ICD Data Set will provide information about the contents and source of the International Classification of Diseases (ICD) Data Set as well as the ability to search for code definitions and validation rules attached to individual ICD codes. This component of the data system will not be up and running until later in the year.

The CRDS can be found on QHEPS at <http://barney.co.health.qld.gov.au:180/wcrd/WCRD.home>

QCC Update

Advertisement for Regional Area Representative Member

Due to the recent resignation of David O'Kearney from the committee, the Regional Area Representative position is now vacant. For those who are interested in applying for this position, please contact Ann Hay, Queensland Coding Committee – Convenor, at ann_hay@health.qld.gov.au or on (07) 3234 1318 for an application form.

Membership Update

Interest has been expressed from a number of people to 'sit in' at a QCC meeting to experience first hand how decisions are made and what the QCC is all about. It was agreed that three positions of ex-officio will be introduced to cater for those coders/HIMs/others interested in attending QCC meetings. Attendance will need to be pre-advised so that the number does not exceed three at any one meeting. Ex-officio persons will not have any voting rights but are welcome to make any comments on queries received. Anyone who would like to attend a future QCC meeting in the ex-officio capacity will need to e-mail the secretary at DQSTD@health.qld.gov.au or phone Joanne Bunney on 07 3234 0296 to arrange for attendance. Notice is required at least one week prior to the next scheduled meeting.

The QCC would like to welcome David Hansen from the Royal Brisbane Hospital to the Committee. In February 2001 the Data Services Unit asked for expressions of interest for a Tertiary Referral Teaching Hospital Representative to join the committee. David applied and was selected to become a member of the committee. Another two positions in this category are being finalised.

The QCC would also like to wish Meegan Snell the best of luck during her maternity leave (Amelia Lucy

Snell was born in February 2001). Members would like to thank Meegan for her valuable efforts during her time as Convenor of the QCC. The QCC welcomes Ann Hay as the new convenor.

Casemix, DRGs & Clinical Coding Books

The Data Services Unit has negotiated with the NCCH to purchase the *Casemix, DRGs & Clinical Coding Books* series as Adobe Portable Document Files (PDF) for use on QHEPS. Final arrangements are being made so keep a lookout for these on the QCC Webpage on QHEPS.

Hospital Audits

Queensland Health will be engaging an external consultant to undertake an audit of hospital medical records coded data. You will be notified as to whether or not your hospital has been selected. Details and timetables have yet to be finalised.

Clinical Coder/ HIM database

The QCC wants to introduce a clinical coder/HIM database. This database would be used to assist the QCC with contacts to approach for advice with monthly queries and/or changes to existing or proposed new standards from the NCCH. This would provide contacts within certain specialty areas input into coding/standards that may then affect changes to coding practice. This database would also provide a list of coders/HIMs to distribute up to date QCC minutes/queries and other related information. Please complete the attached form and return it to Joanne Bunney on fax 07 3234 0564.

General Coding Information

Duplicate External Cause Codes

The Data Services Unit was recently advised that following the latest release of the 3M Encoder software, facilities have 'lost' the ability to enter duplicate external cause codes. Negotiations have taken place between the Data Services Unit and 3M and the provision to enter duplicate external cause codes will be introduced from 1 July 2001.

Data Services has also negotiated to have HBCIS modified to accept duplicate external cause codes. This will be taking place but may not be in place to start on 01 July 2001. Implementation will be a couple of months later with additional rollouts. Please refer to the next edition of the QHAPDC

manual for more details. Note: HBCIS users will need to sequence the first 'cluster' of codes with a prefix of 'P' and the second 'cluster' of codes with a prefix of 'A'.

Coding Guidelines from 1 July 2000 require external cause codes to be linked and sequenced with the diagnosis. Examples of how to sequence codes to enable the linkage to diagnoses are as follows:

Example 1: Multiple Injuries with the same external cause

PD S5230	Fracture of shaft of radius
EX V199	Pedal cyclist injured in an unspecified accident
EX Y924	Street or highway
EX Y932	While working for income
OD S7081	Abrasion of hip and thigh
OD S8081	Abrasion of lower leg
EX V199	Pedal cyclist injured in an unspecified accident
EX Y942	Street or highway
EX V932	While working for income
PR 4736300	[1427] Closed reduction of fracture of radius
PR 9068601	[1628] Non-excisional debridement of skin and subcutaneous tissue
PR 9250202	[1910] Intravenous and inhalation general anaesthesia

Example 2: Injury with multiple external cause codes

(NOTE: HBCIS sites may not be able to use this sequencing at 1 July 2001 as enhancements are to be incorporated later in the year. In the interim, sites are to advise DSU contacts of the need to include the second external cause code. Sites will be notified when enhancements to HBCIS have been completed after which the following sequencing will apply.)

PD S6188	Open wound of other parts of wrist and hand (Palm)
EX W10	Fall on and from stairs and steps
EX W25	Contact with sharp glass
EX Y920	Home
EX Y933	While engaged in other types of work

Example 3: Two traditionally companion diagnosis codes (Burn and BSA) with one external cause

PD T232	Partial thickness (blisters, epidermal loss) burn of wrist and hand
EX X12	Contact with hot fluids
EX Y920	Home
EX Y933	While engaged in other types of work

OD T3100	Burns involving less than 10% or unspecified of body surface
EX X12	Contact with hot fluids
EX Y920	Home
EX Y933	While engaged in other types of work

Example 4: Sequelae

PD I779	Disorder of arteries and arterioles
OD G563	Lesion of radial nerve
OD T924	Sequelae injury nerve upper limb
EX Y899	Sequelae of unspecified external cause
EX Y929	Unspecified place of occurrence

Diabetes with Chronic Renal Failure Codes

When coding diabetes with chronic renal failure, chronic renal impairment and/or End-Stage Renal Disease, The National Centre for Classification in Health states that it is acceptable to use an additional code to accompany the principal diabetes code of E1x.23. This is to be done in order to identify what type of renal failure the patient has, even though it states end-stage renal disease in the code title.

Coding from Post-Mortem Results

Post-mortem results can be used for the coding of in-patients and should be treated the same as a pathology report.

Intubation with IV Sedation

The anaesthetic code (e.g. '92503-00 Intravenous sedation, anaesthetist controlled') should be sequenced immediately after the procedure code to which it relates. If the only procedure performed was intubation, sequence the anaesthetic code immediately after the procedure code for the intubation. However, if other procedures were performed under anaesthesia, then sequence the anaesthetic code immediately after the string of procedure codes (see ACS 0031 ANAESTHESIA). Ventilatory support performed under IV sedation requires codes for the ventilation and the sedation.

IV Antibiotic Treatment

The Data Services Unit is often asked 'Can a patient be admitted for IV antibiotic treatment?' Advice from the Health Insurance Commission states: 'there is no MBS item number associated with IV antibiotic treatment.'

IV antibiotic treatment would normally be part of in-hospital care. A patient would not be admitted solely for antibiotic treatment in a sense. For example a patient would be admitted for an infection and the hospital treatment would be the IV. So the answer to your question would be yes, the patient would be admitted into hospital for 'something' and part of hospital treatment would be an IV.'

Therefore, if a patient presents to hospital with a condition that does not meet the criteria for admission and they are treated with IV antibiotics, they should be classified as an outpatient.

QCC Coding Reminders

A short reminder that the J93.2 Iatrogenic pneumothorax and I26.8 Iatrogenic pulmonary embolism codes have been deleted from Version 2 of ICD-10-AM. This has implications for those who collect clinical indicator data.

Medications Coding Guidelines

QCC has released a set of Medication Coding Guidelines, which contains information on the top 200 medications used in Queensland. The Guidelines contain the generic and brand name as well as the drugs class indication and use. Also outlined are the drugs possible side effects and provides external cause codes to use when there is an adverse effect of correctly used medications.

Please note that while a great deal of time and research has gone into producing this document, it is essential that clinical coders use their skills and knowledge of drugs and coding to determine the most appropriate code for each individual situation.

The Guidelines can be viewed on QHEPS at http://qheps.health.qld.gov.au/hic/qld_coding.htm or can be obtained by contacting the secretary on DQSTD@health.qld.gov.au.

Feedback and comments would be appreciated and can be addressed to the Queensland Coding Committee – Secretary, Data Services Unit – 13th floor QHB, GPO Box 48, BRISBANE, QLD, 4001 or emailed to DQSTD@health.qld.gov.au.

Additional Diagnosis Guidelines

The QCC has released Additional Diagnosis Guidelines that aim to:

- ◆ Provide Clinician information as a guide line
- ◆ Provide coding tips on the correct allocation of additional diagnoses
- ◆ Enable Coders to make a more informed and accurate choice of code
- ◆ Ensure that coders comply with the current Australian Coding Standard 0002 ADDITIONAL DIAGNOSES by providing guidelines for interpretation of the standard
- ◆ Enable more consistent data that better reflects treatment that the patient actually received whilst in a health care facility during admission

It is important that Coders take each case on its merits, as it is impossible to apply strict guidelines on the allocation of these codes for each case.

The Guidelines can be viewed on QHEPS at http://qheps.health.qld.gov.au/hic/qld_coding.htm or can be obtained by contacting the secretary on DQSTD@health.qld.gov.au.

Feedback and comments would be appreciated and can be addressed to the Queensland Coding Committee – Secretary, Data Services Unit – 13 Queensland Health Building, GPO Box 48, BRISBANE, QLD, 4001 or emailed to DQSTD@health.qld.gov.au.

CSAC Update

The Coding Standards Advisory Committee (CSAC) has been busy reviewing changes for the 3rd edition of ICD-10-AM and the revision of existing coding standards. Major changes for the 3rd edition include revisions to the classification of diabetes, anaesthesia (again!) and the external cause codes. There will be new coding guidelines for arteriosclerosis and same day endoscopy. These will take effect from 1 July 2001. More instructions on these procedures will be published in June Coding Matters.

Acknowledgments

The QCC would like to acknowledge Megan Mercer and Marika Miller, 3rd year Health Information Management students for their work in preparing this edition of Codefile.

Comments, Queries and Suggestions

All Codefile comments, queries and suggestions can be forwarded to:

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