Welcome
Welcome to the first issue of the Coding Education Team’s newsletter. We hope you had a safe and happy holiday season, and a positive start to 2013. We trust you will enjoy receiving updates and information via this newsletter, and appreciate any feedback or suggestions.

Who are we?
The Coding Education Team is part of Data Integrity in the Performance Activity & Quality (PAQ) division. Our team comprises:
Principal Coding Trainer: Deborah Yagmich
Senior Coding Trainers: Elise Groenewold, Tracey Jamieson and Vana Savietto.
Coding Education Support Officer: Julia Stone

Vana returns to the team part-time after taking parental leave in 2012, and will be working Wednesday, Thursday and every alternate Friday.

Contacts
Coding Education Team website
www.clinicalcoding.health.wa.gov.au
Editorial queries: vedrana.savietto@health.wa.gov.au

Delivering a Healthy WA
**Recent news**

**WA Clinical Coding Advisory Group**
The WA Coding Committee has been replaced by the WA Clinical Coding Advisory Group (CCAG).
The main functions of the CCAG are to review and endorse coding queries; and discuss issues identified by the DoH Clinical Information Audit Program.

News and updates previously presented and minuted at the WA Coding Committee will instead be published in this newsletter, enabling CCAG meetings to primarily focus on coding queries and audit discussion cases.

**Coding queries & audit discussion cases**
The following coding queries and audit discussion cases were discussed at the 23 January 2013 CCAG meeting, and will soon be available on our website.

**Coding queries**
1. Coding of Chapter 20 codes when performed under anaesthesia
2. Faecal microbotia transplantation
3. Injection into false aneurysm
4. Selective internal radiation spheres
5. Injection of sclerosing agent into bleeding oesophageal varices
6. Transient bone marrow oedema of hip
7. Failed gastric band
8. Cerebral infarction

**Audit discussion cases**
- Diabetic foot

**Newsletter – what to expect**
A newsletter will be produced around the time of each CCAG meeting, and will be released once CCAG coding queries and audit discussion cases are published on our website. The newsletter will be e-mailed to coders, coding managers and health information managers. If you do not think the newsletter is relevant to your professional needs, please contact us to be removed from the distribution list. All newsletters will also be published on our website.

**Clinical Coding in WA website**
Restructuring of our website is underway to simplify the layout and add new content.

Please note the website will not load if www. is not included in the web address.
NCCC

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

Eighth edition will be implemented across Australia on 1 July 2013. The NCCC have released the proposed dates for their one-day education sessions:

The proposed Perth dates are:
Monday 29 April
Tuesday 30 April
Wednesday 1 May

NCCC Information Portal (NIP) registrants will be advised when registration opens in early March 2013.

NCCC Information Portal (NIP)

If you haven’t already, register to the NIP to ensure you are advised when workshop registration commences, and to receive notification and access to all other NCCC information such as Coding Q&A decisions.

Data Quality

HMDS 1 July 2013 changes

The Hospital Morbidity Data System (HMDS) is an evolving data collection that houses data about all public and private admitted activity performed throughout Western Australia. Under Part IIIC of the Hospital and Health Services Act 1927, all public and private hospitals are mandated to submit complete, accurate and timely admitted activity data to the HMDS in accordance with agreed data management protocols.

To ensure that the HMDS remains relevant, consistent, accurate and complete, annual modifications to the System are defined, considered, prioritised and implemented where appropriate to do so.

Recommendations for modifications to HMDS can originate from a variety of sources including:

- National Authorities such as AIHW, Department of Health and Ageing, and National Casemix and Classification Centre (NCCC)
- Western Australian (WA) Department of Health
- WA Hospitals

Any modifications made to the HMDS usually require replication in hospital patient administration systems. The key changes being implemented in 2013 include:

3. Addition of New Data Item: Hours in ICU
4. Decommissioning of Data Item: Days in ICU
5. New HMDS Interface File Specification

For TOPAS, HCARe CMS and WebPAS sites, business cases communicating the required changes have been forwarded to the relevant system administrators and service calls are being raised.

For private hospitals, specifications were emailed to all registered private hospitals and day surgeries on 18 February 2013. Please pass this documentation on to your respective system vendors as soon as possible to ensure timely implementation of applicable modifications in your patient administration system.

If you have any queries regarding these changes or require further information please contact:
Data Quality Coordinator
WA Department of Health
189 Royal Street EAST PERTH WA 6004
P: (08) 9222 2472

Manager, Inpatient Data Collections
WA Department of Health
189 Royal Street EAST PERTH WA 6004
P: (08) 9222 4362
Data Quality (cont.)

New HMDS edits

Commencing late February 2013, the HMDS will be introducing four new HMDS edits designed to enforce and improve code assignment and sequencing for Electroconvulsive Therapy (ECT). These edits will trigger on any applicable record with a separation date from 1 July 2012.

The four new edits are:

**Edit Number:** 824  
**Edit Message:** ECT assigned without anaesthesia code  
**Edit Description:** ECT is generally not performed without the administration of general anaesthesia. This edit is designed to flag cases in error where ECT has been performed but there is no corresponding general anaesthesia code.

**Edit Number:** 825  
**Edit Message:** ECT has been coded more than once  
**Edit Description:** The sixth and seventh digits of ECT codes represent the number of times a patient is taken to theatre for ECT (with the exception of 93341-00 which represents unspecified number of treatments). In a single episode of care, more than one ECT code is not required.

**Edit Number:** 826  
**Edit Message:** Number of ECT sessions does not match number of Anaesthetic codes assigned.  
**Edit Description:** For every ECT session a patient has there should be an accompanying general anaesthesia code. For example, a patient having 50 ECT sessions (93341-50) would require 50x 92514-xx to be sequenced after it.

**Edit Number:** 827  
**Edit Message:** Number of ECT sessions is greater than the length of stay (in days).  
**Edit Description:** Generally, a patient undergoing ECT would only have one ECT session performed per day. This edit aims to identify episodes of care where the number of ECT sessions exceeds the length of stay indicating that the patient has undergone multiple ECT sessions on a given day.

If you have any queries relating to these edits please contact the HMDS Data Quality Team on (08) 9222 4290 or (08) 9222 2339.

Outstanding edits

A friendly reminder from the Data Quality Team (as outstanding edit numbers are on the increase) that edits should be returned on a fortnightly basis to the e-mail address:

hmds.edits@health.wa.gov.au

For any queries or concerns regarding a particular case in edit, please e-mail the above address and include the batch and case identifier numbers in your e-mail.

Please note that the edit report you receive includes two columns: **Error Message** and **HDWA Comment**. The HDWA comment column is designed to provide further information regarding the case and is useful for clarifying the reason the case is in error. Users are encouraged to check both columns at all times when actioning edits.

3M Codefinder™

Release 6.14 January 2013 is now available. This release includes calculation of estimated reimbursement information, including a national efficient dollar price.
Activity Based Funding

Did you know that designated Subacute Care wards have been collecting data for Activity Based Funding (ABF) under a new classification system – AN-SNAP, since July 2012?

The AN-SNAP (Australian National Sub-Acute and Non-Acute Patient) data set requires wards to collect four mandatory data items (Impairment Code, Age, Care Type, FIM Admission score) for each patient who has been admitted in a designated Subacute Care ward with a care type of:

1) Rehabilitation
2) Geriatric Evaluation & Management
3) Palliative Care
4) Psycho-geriatric

With the introduction of ABF, your high quality coding remains essential in patients receiving Subacute Care. If your coding team would like to express interest in education on Subacute Care under ABF, please contact the Project Team for further information:

Subacute ABF Team, Department of Health
P: (08) 9222 2409
E: subacuteabf@health.wa.gov.au
Intranet: http://activity
Internet: www.health.wa.gov.au/activity

Coding training

Coding course graduates

The Coding Education Team continues running workshops for graduates of introductory coding courses, aiming to assist with their development of abstraction and coding skills, and to provide practical experience with coding inpatient episodes from medical records.

In 2013 workshops will again be held at Osborne Park Hospital. In addition, we are also offering workshops at the Department of Health. Places are limited, with allocation being on a first-come first-served basis with priority given to newer graduates. Eligibility includes completion of 7th edition training; and not currently being employed in a coding position.

To enquire about workshop registration, contact Elise Groenewold on (08) 9222 2410 or Elise.Groenewold@health.wa.gov.au

Coding tip: surgical emphysema

Subcutaneous emphysema is the presence of free air or gas in the subcutaneous tissues. The affected area can be swollen with a crackling sound on palpation (Anderson, Anderson and Glanze 1998, 1556).

When due to a surgical procedure, it is described as surgical emphysema. Some procedures that have been associated with surgical emphysema include:

- Chest tube drainage
- Venous line access
- Laparoscopy
- Tracheostomy
- Mediastinoscopy
- Pacemaker placement
- Dental procedure using compressed air equipment

Classification of surgical emphysema:

Follow index pathway Emphysema, surgical and assign T81.8 Other complications of procedures, not elsewhere classified followed by the relevant external cause codes to reflect the procedure that caused the surgical emphysema.

The term emphysema is not included in the T81.8 code description, however it would be incorrect to add J43.9 Emphysema, unspecified in an attempt to fully translate the medical statement, because the lung disease emphysema is a different disease process to surgical emphysema.

Reference:
Back to basics: multiple coding

ACS 0027 Multiple coding directs coders to use multiple codes where needed to fully translate medical statements into code. However, the standard emphasises to: “Avoid indiscriminate multiple coding of irrelevant information, such as symptoms or signs characteristic of the diagnosis”

Multiple coding is commonly required when coding procedural complications.

Examples:

Stenosis of arteriovenous fistula (AVF)
Complication, arteriovenous fistula, specified NEC = T82.8 Other specified complications of cardiac and vascular prosthetic implants and grafts
The medical statement is not fully translated in the code description.

We do not know if the stenosis is of artery or vein; or whether it is thrombotic or embolic. Also the fistula is surgically created so we can’t apply the stenosis=atherosclerosis rule (ACS 0941 Arterial disease).

Therefore there is no code to help translate the medical statement into code, and T82.8 is assigned alone (with appropriate external cause codes).

Fibrosis of vein due to device
Complication, vascular, device, specified NEC = T82.8 Other specified complications of cardiac and vascular prosthetic implants and grafts
The medical statement is not fully translated in the code description.

Fibrosis, vein = I87.8 Other specified disorders of veins. This code does not help to translate the medical statement as it does not capture the condition fibrosis, nor the vein site.
Therefore there is no code to help translate the medical statement into code, and T82.8 is assigned alone (with appropriate external cause codes).

Cephalic vein thrombosis due to Hickman line

Complication, vascular, device, specified NEC = T82.8 Other specified complications of cardiac and vascular prosthetic implants and grafts
The medical statement is not fully translated in the code description.

Thrombosis, specified site NEC = I82.8 Embolism and thrombosis of other specified sites. This code captures the condition thrombosis and helps translate the medical statement.

Therefore it is appropriate to multiple code and assign:
T82.8 Other specified complications of cardiac and vascular prosthetic implants and grafts
I82.8 Embolism and thrombosis of other specified veins
Y84.8 Other medical procedures
Y92.22 Health service area
U73.8 Injury or poisoning occurring while engaged in other specified activity

Please note: T82.8 has the following inclusion terms:

<table>
<thead>
<tr>
<th>Embolism</th>
<th>Fibrosis</th>
<th>Haemorrhage</th>
<th>Pain</th>
<th>Stenosis</th>
<th>Thrombosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Even though thrombosis is listed as an inclusion term, code I82.8 Embolism and thrombosis of other specified veins is still assigned. This is because thrombosis is not in the T82.8 code description; and inclusion terms are intended as a guide and the lists are not exhaustive.

Multiple coding was discussed in the December Coding Q & A, where the NCCC clarified that codes from chapters 1-19 can be added to procedural complication codes where they “provide further specification of the condition”.

Haemorrhage, Pain, Stenosis, Thrombosis, due to cardiac and vascular prosthetic devices, implants and grafts.