Coding queries & audit discussion cases

The coding queries and audit discussion cases are available to view on our website. These are published after each WACCAG meeting. The Coding Education Newsletter is published quarterly.


August 2015

Coding queries
1. Mittendorf’s dot
2. Positive coeliac serology
3. Turbinoplasty
4. IgM Kappa paraproteinaemic neuropathy
5. Ptosis of the eyebrow

ACCD query responses
1. Repair tegmen tympani defect and PORP repositioning
2. Coablation of laryngeal papillomatosis

September 2015

Coding queries
1. Dementia in Alzheimer’s disease
2. Transverse upper segment caesarean section
3. Subcutaneous ICD lead insertion
4. Cancelled infusion
5. Retinectomy
6. Incision and drainage of abscess with curettage
ACCD query responses
1. Metabolic acidosis in a diabetes mellitus patient
2. Injection of botulinum toxin (Botox) for manifestations of cerebral palsy
3. Vascular closure devices
4. Os acromiale

Audit discussion cases
1. Admission for pregnancy induced hypertension (PIH) or an intended delivery episode
2. Deflexed occipitoposterior position, brow presentation
3. Vulval haematoma and a trial of void (TOV)

December 2015

Coding queries
1. Post-endometrial ablation syndrome
2. Mantle cell lymphoma in-situ
3. Same-day endoscopy for follow-up of polyps
4. Same day endoscopy for follow-up of diverticulitis
5. Typhlitis

ACCD query responses
1. Limbal stem cell deficiency and resulting corneal conjunctivalisation
2. Skin necrosis
3. Haemodialysis associated Steal syndrome
4. Bone graft substitute

Audit discussion cases
1. Situational crisis
2. Hypercalcaemia due to paraneoplastic syndrome
3. Pulmonary oedema

ACCD update

code it! ACCD newsletter
The December newsletter includes Errata 3, the FAQs 9th Edition education presentation, and a clinical update “The Spine – Part B”.

AR-DRG Version 8.0
An AR-DRG V8.0 education tutorial is available on the ACCD website: https://www.accd.net.au/Education/ARDRG.aspx

Coding Education Team

Summary of ICD-10-AM/ACHI/ACS 9th Edition changes
The CET summary of the 9th Edition changes was published on our website following implementation of 9th Edition.

ACCD have recently clarified some 9th edition issues in the December Coding Rules and the ‘FAQs 9th edition education presentation’. Parts of our summary (Supplementary U codes and Sepsis) have been updated to incorporate the latest advice: http://www.clinicalcoding.health.wa.gov.au/education/edition.cfm

Coding query process

Newsletter index

now contains an index, allowing coders to search all coding topics that have appeared in newsletters.
Back to basics

Neoplasm site and morphology
A morphology code captures the histological type and behaviour of a cell that has become neoplastic. Morphology is abstracted from clinical documentation and the conclusion of a histopathology report, in accordance with ACS 0010 General abstraction guidelines. The coder needs to ensure that the anatomical site code and morphology code correctly translate the diagnosis. This can only occur if index pathways are followed correctly.

Example
Patient admitted for excision of tumour of base of tongue. Histopathology conclusion: Well encapsulated Neurilemmoma of Antoni type A

Step 1
Look up lead term ‘Neurilemmoma’ in Alphabetic Index

Neurilemmoma (M9560/0)—see also Neoplasm/nerve/benign

The index entry provides the appropriate morphology code, and provides a cross reference to direct the coder where to find the appropriate site code.

Step 2
Following the cross reference, look up lead terms Neoplasm/nerve and select the specific nerve site. In this case peripheral/NEC/benign D36.1

NOT
D10.1 Benign neoplasm of tongue M9560/0 Neurilemmoma NOS

as is commonly erroneously assigned and results in a data quality edit because D10.1 is not compatible with M9560/0 Neurilemmoma NOS.

Coders are reminded that 3M Codefinder™ does not identify or warn that a mismatched code combination has been assigned. It is up to the coder to understand and follow coding convention which is inherent in the 3M Codefinder™ pathways.

Data quality edits – morphology
Edit message: Cancer diagnosis code requires compatible cancer morphology code or vice versa.

This warning edit generally occurs when the assigned codes are not associated or meant to be coded together. Alternatively, the edit is generated when a morphology code ending in /9 (uncertain whether primary or metastatic site) is assigned.

When an edit is generated the coder needs to review the original code assignment against:

- Documentation in the medical record
- ICD-10-AM index pathways
- Clinical knowledge
- Clinician’s query response

In some cases, the original code assignment may be correct as per documentation, or a morphology code ending in /9 is correct as no further information can be obtained from the documentation. In these cases the edit will be overridden.

For further information, refer to:

- ACS 0233 Morphology
- Explanatory notes at beginning of ‘Morphology of neoplasms’ appendix (ICD-10-AM Tabular List, Appendix A)
- Explanatory notes at beginning of ‘Neoplasms’ (C00-D48) chapter (ICD-10-AM Tabular List, Chapter 2)
Supplementary codes for chronic conditions (U78-U88)

Condition Onset Flag (COF)
A chronic condition is defined as a disease which is long lasting and has persistent effects.

By definition, a chronic condition would have arisen before the current admitted episode, therefore supplementary codes (U78-U88) are always assigned COF 2 as per the COF 2 definition in ACS 0048 Condition onset flag: ‘A condition previously existing or suspected on admission such as the presenting problem, comorbidity or chronic disease’.

A data quality edit is generated where a supplementary U code is assigned COF 1.

‘U’ codes with another chapter code for the same condition
ACS 0003 Supplementary codes for chronic conditions instructs that “Supplementary codes are not to be assigned in addition to another chapter code for the same condition”.

Example 1
Patient admitted for total hip replacement for osteoarthritis of hip.
Assign: M16.1 Other primary coxarthrosis.
Do not assign U86.2 Arthritis and osteoarthritis.

Example 2
Patient admitted for total knee replacement for OA of knee. Patient also has OA of shoulder which does not meet criteria for coding in this episode.
Assign: M17.1 Other primary gonarthrosis.
Do not assign U86.2 Arthritis and osteoarthritis for OA of shoulder, as a code for osteoarthritis has already been assigned.

See December 2015 Coding Rule ‘Osteoarthritis and ACS 0003 Supplementary codes for chronic conditions’.

Example 3
Patient admitted for management of rheumatoid arthritis. There is also documented OA of shoulder which does not meet criteria for coding in this episode.
Assign: the appropriate code(s) from M06 Other rheumatoid arthritis.
Do assign U86.2 Arthritis and osteoarthritis to show that patient has the chronic condition osteoarthritis, because it is indexed separately to rheumatoid arthritis under Supplementary codes, codes for chronic conditions.

Example 4
Patient admitted for treatment of a grand mal seizure. Patient also has petit mal epilepsy controlled with Lamotrigine. Petit mal epilepsy does not meet the criteria for coding this episode.
Assign: G40.60 Grand mal seizures
Do not assign U80.3 Epilepsy for petit mal epilepsy, as a code from G40.- has already been assigned.
Coding tip

Z72.1 Alcohol use
Z72.1 Alcohol use should not be routinely assigned in the same manner as smoking status Z72.0 Tobacco use, current.

As per ACS 0503 Drug, alcohol and tobacco use disorders, descriptions such as ‘drinker’, ‘social drinker’, or ‘heavy drinker’ should not be coded because levels of alcohol consumption and its effect on an individual is a subjective judgement and a specified level may affect individuals in different ways (according to age, sex, weight, other medical conditions present).

Z72.1 Alcohol use should only be assigned if the following criteria are met:

- if the documentation indicates the alcohol use is hazardous or problematic (as per alphabetic index pathways ‘Alcohol use, hazardous’ and ‘Problem, lifestyle, alcohol use’)
- the alcohol use meets criteria in ACS 0002 Additional Diagnoses
- the alcohol use cannot be assigned a more specific code such as F10.0 intoxication, F10.1 harmful use, or F10.2 dependence i.e. it is not elsewhere classifiable.

See ICD-10-AM Tabular note at Z72 Problems related to lifestyle:
‘Hazardous use is a pattern of substance use that increases the risk of harmful consequences for the user. In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user’

Coder spotlight

Evelyn Ferdinands
Armadale Health Service

How long have you been coding?
My career in coding started in August 1999 in Singapore. I am one of the pioneer coders to be sponsored by the Singapore Health Department for coding education. I was sponsored by the Queensland University of Technology completing a course in Clinical Coding (ICD-9-CM).

At which hospital did you commence your coding career?
I commenced my coding career at the Changi General Hospital in Singapore. This is an acute hospital with 800 beds and a casemix of medical, surgical, orthopaedics and general emergency trauma cases. I then coded in a 2000 bed hospital, the Institute of Mental Health (Woodbridge Hospital). Here I gained more knowledge in forensic psychiatry as well as different mental disorders. Prior to my migration to Australia, I did a year at Singapore General Hospital for a more varied casemix, including organ transplantation and renal cases.

Once in Australia, I was employed by St John of God Hospital (SJOG) in Geraldton as HIM/Clinical Coder and worked there for almost 5 years. SJOG Geraldton is a 60 bed acute hospital with a casemix of maternity, orthopaedics, ENT and palliative care. While there I was responsible for sending the HMDS, HCP and PHDB data off on a monthly basis.

Recently the family moved to Perth, where I was fortunate to secure a coding position at Child & Adolescent Health Services (CAHS-PMH/KEMH).

Since January 2015 I have been coding at Armadale Health Service as I live nearby.
What made you decide to become a clinical coder?

It was easy for me to choose coding because of my nursing background. As a nurse it was an easy transition given my knowledge of medical terms and familiarity with diseases. It is essential to have pathophysiology knowledge as coding requires interpretation of medical documentation to assign the right codes.

What do you like most about clinical coding?

In coding you are continually learning. To gain experience is a satisfaction for yourself as well as for your working life.

What do you like least about clinical coding?

I feel coding is not a popular profession and most people are not aware of what our job entails.

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

I undertook training in ICD-10-AM 8th Edition, which was implemented in 2013 and WebPAS, training in 2014.

In 2015 9th Edition came fast and we have had to update ourselves. I did the on-line education and have been certified. We now have additional codes to be included like the new “U” codes.

It is my desire to further my education in Health Information Management.

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

At PMH/KEMH I found paediatric cases to be challenging, e.g. congenital disorders. It has always amazed me how resilient these premature babies must be to go through very invasive interventions and survive.

Since commencing at AHS I find mental health cases can be rather challenging also, as the acute stage to rehabilitation of a patient needs to be captured in coding these cases.

Describe the coding service at your hospital e.g. how many coders, training, where your office is located, education/liaison with clinicians etc

Armadale Health Service has; mental health, emergency, obstetrics, general surgery and general medical cases. We are a team of 4 coders within the Patient Information Management office.

To be a competent clinical coder, you commence your coding journey by undertaking and passing a medical terminology course with HIMAA. Introductory, Intermediate and Advanced coding courses are also available.

Keeping up to date with the changes/updates from WA Department of Health and national bodies and continuing education are essential.

A coder needs to have an open and conducive relationship with clinicians. We rely on their legible and thorough documentation of the patient episode.

Evelyn Ferdinands
Certified Clinical Coder
(AHS)

The Coding Education Team hope you had a happy and safe holiday season, and wish you all the best for 2016.