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Latest news

Tracey Jamieson and Julia Stone have left the Coding Education Team. We wish them all the best in their new roles.

Congratulations to Sam Rickert on the arrival of baby Anneliese Jade. Julia Stone is acting in Sam’s Data Quality position while Sam is on maternity leave.

We welcome Dr Rosi Katich to the Coding Education Team. Dr Katich is providing clinical advice to assist us in answering coding queries.

Contacts

Coding Education Team website
www.clinicalcoding.health.wa.gov.au

Editorial queries:
vedrana.savietto@health.wa.gov.au
Coding queries & audit discussion cases

Coding queries
The July 2013 coding queries and audit discussion cases are now available to view on our website:

1. Transanal Haemorrhoidal Dearterialisation (THD)/Haemorrhoidal Artery Ligation (HAL)
2. Bleeding gastric arteriovenous malformation
3. Steal syndrome
4. Acquired encephalocele
5. Type 2 diabetes mellitus with unspecified kidney failure
6. Killer T-cell infusion
7. Drug seeking behaviour
8. Periodic limb movement
9. Major depressive episode
10. Renal nerve denervation

NCCC query responses

1. Coding of new classifications of pressure injury/pressure ulcer
2. Rusch balloon catheter for cervical ectopic pregnancy bleeding
3. Removal of urethral sling in a male patient

Audit discussion cases

1. Postprocedural high residuals
2. Osteomyelitis and diabetic foot
3. Internal carotid intracerebral aneurysm

NCCC
The NCCC recently announced that from 1 July 2013, the responsibility for the development of the next version of the AR-DRG Classification System will be transferred to the National Centre for Classification in Health (NCCH).

All outstanding coding queries submitted by WA CCAG have been handed over to the NCCH.

The NCCC will continue to provide sales and distribution of ICD-10-AM/ACHI/ACS manuals; AR-DRG manuals; and Electronic Code Lists or mapping lists until 31 January 2014. See: https://nccc.internetrix.net/

The NCCC has sold CodeXpert to Pavilion Health. See: http://www.pavilion-health.com

National Centre for Classification in Health (NCCH)

Tender process
The University of Sydney has announced that the National Centre for Classification in Health (NCCH), in collaboration with the University of Western Sydney (UWS) and KPMG, has been successful in a competitive tender process for the Australian Refined Diagnosis Related Groups (AR-DRG) Classification System Development and Refinement Services 2013-2017, from the Commonwealth of Australia, represented by the Independent Hospital Pricing Authority (IHPA).

The NCCH website http://sydney.edu.au/health-sciences/ncch/ is currently under construction.
### Data Quality

#### Recording of ‘Residential Address’ data element

This is an edit that appears quite regularly so it is important to clarify this data element further.

Every site has different requirements and reasons for recording both the residential and postal addresses of patients. However, the requirement of the HMDS is to receive the residential address only. Despite the reasons sites record both addresses, it is important to note that for data purposes, they are not interchangeable and the ‘residential address’ (not postal) **MUST** be entered into residential address fields.

Under Activity Based Funding, the patient’s physical address will come into play with funding calculations. So every effort by sites to collect the patient’s actual residential address and corresponding postcode in the correct fields is very important. If patients are concerned that their residential address may be used as a postal address, sites should have processes in place to prevent this i.e. additional collection of postal address details for all financial/billing or other purposes where applicable.

There are circumstances where a residential address cannot be collected, such as for patients with no fixed address. Please refer to pages 110 – 112 of the HMDS Manual 2013 (see link below) for a guide to how to record residential address for other patients residing interstate, overseas, living at sea, prison or in Residential Aged Care facilities.

July 2013 Coding Education Team Newsletter

*(Please paste this link into your browser)*

### 3M Codefinder™ tip

#### Copying codes

Whilst all diagnosis codes may be copied, the grouper will remove duplicates of all but external cause, place of occurrence, and activity codes.

On the summary window, you can copy diagnosis and procedure codes using the Copy Code(s) feature. You may select a single code or multiple codes at once to copy.

1. To copy a code, highlight the code or codes you wish to copy. To select multiple codes, press Ctrl + click
2. From the Options menu, select Copy Code(s) OR Right-click the highlighted area and choose Copy Code(s)

The Copy Code(s) dialogue box appears.

3. Enter the number of times to copy the code(s).
4. If you want to keep copied codes together (i.e. placed under the last selected code), tick the Group copied codes together box.

If you don’t select this option, copied codes will appear directly beneath each original code.

5. If there is a clinician and date assigned to a procedure code you are copying, tick the Copy Attributes box if you want to copy them as well.

Code prefixes and modified text are also copied when you select Copy Attributes.

6. Click OK.

If the record has been grouped, it will regroup automatically.
Coding tip: 8th edition changes
A summary of 8th edition changes will soon be circulated to all WA coders, and subsequently published on our website.

Back to basics: ACS 0044 Chemotherapy
ACS 0044 defines pharmacotherapy as “the treatment of a condition by means of drug(s)”. Same-day pharmacotherapy coding guidelines are divided into two categories based on the type of condition being treated:

- Neoplasm or neoplasm related condition
- All other conditions

Same-day pharmacotherapy for neoplasm or neoplasm related condition
Assign the following codes:

- Z51.1 Pharmacotherapy session for neoplasm as principal diagnosis
- a code for the neoplasm being treated as the first additional diagnosis
- additional diagnosis code(s) for any neoplasm related condition(s) being treated
- the appropriate procedure code - the last two digits must always be -00 to indicate pharmacotherapy using anti-neoplastic agent

An example of a neoplasm related condition is hypercalcaemia treated with IV infusion of Aredia in a patient with bone metastases. Although Aredia is for treatment of hypercalcaemia (not cancer) this scenario is coded following the above neoplasm guidelines because hypercalcaemia is a neoplasm related condition.

Same-day pharmacotherapy for conditions other than neoplasms
Assign:

- A code for the condition e.g. rheumatoid arthritis
  - Z51.1 is never assigned for these cases
- The appropriate procedure code
  - The last two digits must never be -00 anti-neoplastic agent
Coder spotlight
This issue we interviewed Elena Paul from Armadale Health Service ...

How long have you been coding?
I started working as a coder in January 2007.

Which hospital did you commence your coding career?
I was employed as a coder for the first time at Ngala Family Resource Centre. Then 3 months later I found employment in Armadale Kelmscott Memorial Hospital, where I still work.

What made you decide to become a clinical coder?
At the time I was doing Health Information Management degree and was looking for something to supplement my income, so finding a clinical coding job was a logical move: as a part of my degree I had successfully completed units relevant to the clinical coder position: Comprehensive Medical Terminology, Introductory and Intermediate ICD-10-AM courses, Human Biology, Medical Science. When I finished my degree I continued to work as a coder due to my family commitments.

What do you like most about clinical coding?
I find it interesting to work with medical information. Every admission is like a new book, with its own story and finale, sometimes happy, sometimes not. I never get bored!

Clinical coding requires extensive knowledge of diseases and clinical processes and clinical coders never stop learning about advancements in medical science and technology which are progressing with incredible speed.

This job offers very flexible working hours which can be very much appreciated by families with young children.

What do you like least about clinical coding?
It is a sedentary job. It can be very challenging to read some handwriting.

It can be bothersome to chase medical records with outstanding discharge summaries, which takes time out of our actual work. There are targets and deadlines for coding and reporting and having a coding clerk, like most other hospitals, would resolve this issue.

Have you recently undertaken coding workshops, conferences, courses etc? Or plan to in the future?
I have enrolled in the HIMAA Advanced Coding course which will start in August 2013. I had to pass the “challenge examination” to prove that I have adequate coding skills to progress to advanced level.

Every 2 years all coders attend coding workshops or education session to learn about changes in each new edition of ICD-10AM/ACHI.

Since the reorganisation and merging of SMAHS coding departments into one unit, I got the opportunity to increase my skills and knowledge by periodically working in RPH with more complex tertiary hospital casemix.

What casemix/specialties do you find most challenging in your current role?
Since working at RPH, I have found it is challenging to work with advanced cardiovascular and orthopaedic procedures at tertiary hospital level, which are not performed in secondary hospitals. There is always room for improvement!

Describe the coding service at your hospital?
We have 1 full time and 2 part time permanent coders, as well as a few temporary coders working with us when it is necessary to reduce a back log. Our office is located on the ground floor in administrative and corporate services area. It is a large open area without windows and lots of other offices around. Recently it was decided to relocate all coders in a totally separate office, which is rather small, has no windows and far from Medical Record Department, but quieter.

Our Clinical Coding Coordinator is the main contact and educator for clinicians. The Patient Information Managers provide relevant education at hospital orientation (quality of documentation, Activity Based Funding) and Doctors’ orientation (quality of documentation, completeness of discharge summaries, Activity Based Funding). Coding queries are mainly sent to clinicians via formal letters.
June quiz winner & answers

Congratulations to clinical coder Tonee Hughes from Peel Health Campus, who won the June 2013 quiz competition with the following answers:

1. Bowman’s capsule is part of which body system?  
   - a. Musculoskeletal system  
   - b. Digestive system  
   - c. Urinary system

2. Name the two Australian Coding Standards relating to sequelae
   - ACS 0008 Sequelae
   - ACS 1912 Sequelae of injuries, poisoning, toxic effects and other external causes

3. What procedures should be coded for the following example: EUA and fistulectomy for anal fistula
   - a. Fistulectomy, EUA, anaesthesia
   - b. Fistulectomy, anaesthesia
   - c. EUA, fistulectomy, anaesthesia

   As per ACS 0022 Examination under Anaesthesia, an EUA procedure code should only be assigned when EUA is the ONLY procedure being performed.

4. Oxygen therapy is routinely coded for all patients. True or False?  
   Oxygen therapy should only be coded if instructed by ACS e.g. ACS 1615 Specific interventions for the sick neonate

5. Name the disorder of the exocrine glands characterised by production of abnormally thick mucus secretions
   Cystic fibrosis

6. What does each letter in the abbreviation TNM represent in the TNM Classification of Malignant Tumours?  
   T= Tumour N=Nodes M=Metastasis

7. Name the bacteria that pregnant patients are screened for in pregnancy, and if found to be carriers require antibiotics during labour to prevent transmission to the baby? Group B Streptococci (GBS)

8. Cutting away damaged tissue or slough from skin using scalpel and scissors is known as excisional debridement

9. Which of the following is classified as malignant in ICD-10-AM?  
   - a. Prolactinoma  
   - b. Paget disease, mammary  
   - c. Thecoma NOS

10. Communitied fracture is where bone is splintered or crushed into several pieces.