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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.


February 2016

Coding queries
1. Lumbar facetectomy
2. Delayed/secondary postpartum haemorrhage
3. Vascularised lymph node transfer
4. Lipiodol flushing
5. Endometrial scratch

Audit discussion cases
1. Adverse drug reaction after same day chemotherapy admission
2. Amputation of finger with laceration of finger tendons
3. Prolonged premature rupture of membranes

ACCD query responses
1. Debridement of burn performed with change of dressing

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Delivering a Healthy WA
Use of WA inpatient coded data

Quality in coded data is imperative when we look at its many important uses. Here are some recent examples of how coded data produced by WA clinical coders has been used.

Media requests
- Number of snake bites
- Number of caesarean section deliveries at public and private hospitals
- Number of injuries due to DIY/work around the house

Recently published research articles
- Project: Monitoring coronary heart disease in the modern era
- Project: Burden, aetiology and antecedents of acute lower respiratory infections in a birth cohort of WA children
- Project: The real and changing atherothrombotic disease burden and secondary prevention
  Atkins, E.R., et al., Two-year hospital costs for atherothrombotic disease and related readmissions by age and sex, in World Congress of Cardiology. 2014: Melbourne, Australia

ACCD update

Zika virus
In accordance with the World Health Organisation declaration of Zika virus as a public health emergency of international concern, ACCD has published a Coding Rule for the assignment of an emergency U code as a flag, to facilitate global surveillance of Zika virus.
This instruction is to be back-dated as effective from 21 December 2015.
Back to basics

ICD-10-AM Alphabetic Index: ‘Cross references’ convention

The ‘see’ instructional term is a cross-reference to another section of the classification that must be followed to ensure correct code selection.

The ‘see also’ instructional term is a cross-reference to another section of the classification that may have alternative codes for a condition.

In 3M Codefinder™ the mandatory ‘see’ cross reference is represented in Codefinder™ in the format [coded as …..] and forces the coder to choose that option, and no other options are listed.

The non-mandatory ‘see also’ cross reference is usually represented in Codefinder™ by either of the following two pathways:

Other/unspecified [coded as …..]

SPELL …..

This allows the coder to check an alternative pathway seeking a more suitable code.

If Codefinder™ does not offer a pathway that seems to be required, always check the ICD-10-AM Alphabetic Index as there could be a Codefinder™ pathway error/issue.

Coding tip

Metal versus medicinal

Lithium

Lithium is a simple metal with various industrial uses, but it also has a pharmacological application when in salt form such as carbonate.

It is used for the treatment of bipolar affective disorder and acute mania, and also as adjunctive therapy in schizophrenia and treatment-resistant depression (Bryant and Knights 2015).

Coding of Lithium

When coding Lithium poisoning (improper use), or adverse effect (therapeutic use), the correct Codefinder look-up is Lithium, salts (carbonate) rather than ‘Lithium, unspecified’.

There is a Codefinder note at T56.8 Other metals because this code is for metal poisoning, not Lithium medication poisoning. Despite this shared Codefinder note many coders are still erroneously assigning T56.8 for Lithium medication poisoning.

Chromium

Chromium is a naturally occurring element of which there are several forms, including the metal used for steel and alloy production.

Another form is the trace mineral found in natural food sources. It is an essential nutrient for the human body (U.S. National Library of Medicine: Tox Town 2016). Chromium is available as a nutritional supplement.

Occupational or hazard waste exposure to chromium can cause health effects, as publicised in the book and movie “Erin Brockovich” (Reiner 2016)
Coding tip (cont.)

Coding of chromium
When coding chromium nutritional supplement poisoning (improper use) or adverse effect (therapeutic use), the correct Codefinder look-up is nutritional supplement rather than ‘chromium’. This pathway choice is based on the Includes note in the Tabular list at T56 Toxic effect of metals

Includes:
fumes and vapours of metals
metals from all sources, except medicinal substances

References


What do you like most about clinical coding?
I like being a “detective”, following clues and coming up with the answers, hopefully.

What do you like least about clinical coding?
Poor or non-existent documentation, a lot of time can be wasted sending requests for information.

Have you recently undertaken coding workshops, conferences etc? Or plan to in the future?
I attended a Privacy Workshop last year which was very informative.

What casemix/specialties do you find most challenging in your current role?
Aged care/Rehabilitation is challenging and can take so long to complete.

Describe the coding service at your hospital.
There are 5 coders in total, mostly part-time, we have no trainees or trainers. Our office is conveniently located opposite the staff dining room and other facilities and that’s perfect for us! There are clinician education sessions in the hospital that we are able to attend.

Coder spotlight

Sue Price
Glengarry Private Hospital
How long have you been coding? 6 years
At which hospital did you commence your coding career?
Glengarry Private Hospital
What made you decide to become a clinical coder?
I didn’t want to waste the knowledge I’d gained in 38 years of nursing & didn’t want to retire yet!