

CLINICAL CODING SIMPLIFIED



WHAT IS IT AND WHY IS IT IMPORTANT?

Clinical Coding is the translation of the patient record into coded data which is used for multiple purposes. It is usually done after the patient has been discharged and there are strict deadlines that need to be adhered to for data submission.

Clinical Governance

Clinical Audit, Risk Analysis, Mortality data

Quality Improvement

Improving Patient Pathways, Clinical Research, Treatment Effectiveness

Epidemiological

Health trends, Etiology Studies, Clinical Indicators



Benchmarking

Reducing Variation, Model Hospital

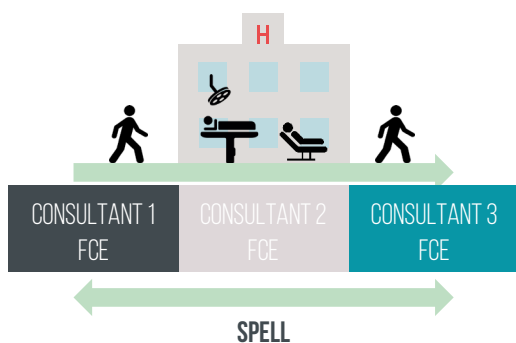
Commissioning

Casemix Planning, Development of new services

Financial Flows

National Tariff income, Cost Analysis

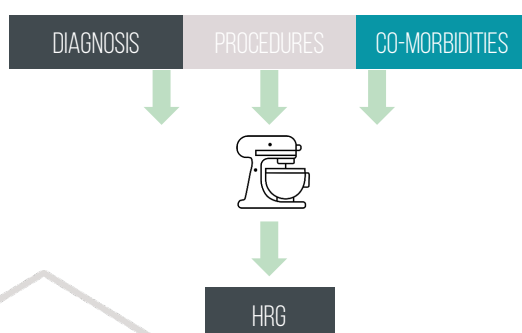
HOW DOES IT WORK?



A patient's hospital stay from the point of admission to discharge is called a Spell.

Within a Spell, a patient will be under the care of different consultants. This may be due to a change in shift, ward or specialty. The time period under each consultant is called a Finished Consultant Episode (FCE).

Clinical Coders code diagnoses, procedures and co-morbidities for each FCE.



Any documented diagnosis is coded using the International Classification of Diseases 10th Edition (ICD-10). (There are over 14,000 codes).

Any procedures are coded using OPCS Classification of Interventions and Procedures (It contains over 4000 codes).

Co-morbidities are also coded, with different conditions weighted differently depending on the primary diagnosis.

A software programme takes all this information and produces a Healthcare Resource Group (HRG) which is what the national tariff payment system is based on.

TOP CODING TIPS

CLEAR

Write clearly and legibly type if possible
Use appropriate language
Check with your organisation as some have agreements to accept certain terms



Presumed
Probable
Treat as
Working diagnosis



Possible
Impression
Suspected/?
Differential diagnosis

COMPLETE

Ensure all diagnoses & procedures are recorded in detail
Document all relevant co-morbidities



Type 2 diabetes
Musculoskeletal Chest Pain
Ischaemic Heart Disease
Constipation
Anaemia



Diabetes
Chest pain
Patient discharged on iron
tablets or laxatives

UNDERSTANDABLE

Abbreviations & Short-Hand cannot be coded
Coders are not allowed to interpret investigations or numbers



Hypokalaemia
Morbidly obese
Trial of Forceps/ Tracheo-oesophageal
fistula/ Tetralogy of Fallot



↓K
BMI 45
TOF

ACCESSIBLE

Make Sure the Coding Team know where key information is recorded

Paper notes:
Electronic:

Medical/Nursing notes/AHP and ensure filed appropriately
If using different software packages, ensure coding team know where to look

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