



Understanding HELLP PATIENT STORIES TOLD THROUGH ICD-10-CM CODING

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The data from the profession of clinical coding brings into view many different patient situations and scenarios. A recent news article titled “The Last Person You’d Expect to Die in Childbirth” describes the real patient-story of a 33-year old Neonatal Nurse who was an OB patient and her diagnosis of HELLP Syndrome, or HELLP. Take the time to read this story online; it is worth the time and makes one think twice about health care and the work of HIM professionals.

HELLP is an acronym for Hemolysis, Elevated Liver enzymes, and Low Platelet count. HELLP syndrome is a life-threatening pregnancy complication usually considered to be a variant or complication of pre-eclampsia. Both conditions usually occur during the later stages of pregnancy, or sometimes after childbirth.

In ICD-10-CM, HELLP is found in the alphabetic index with the acronym ‘HELLP’ and indented is complicating childbirth or puerperium, which leads to the tabular O14.2. Always review the medical record carefully and determine if HELLP syndrome is complicating:

- Childbirth (labor and/or delivery); or
- Pregnancy; or
- Puerperium (postpartum)

In the ICD-10-CM chapter 15 tabular listing, HELLP syndrome is classified in the code range O14.20-O14.25 with the description of “severe pre-eclampsia with hemolysis, elevated liver enzymes and low platelet count”. For HELLP syndrome complicating a pregnancy, it is important to know the trimester; note the choices of second (O14.22 HELLP syndrome, second trimester), third (O14.23 HELLP syndrome, third trimester), or unspecified trimester (O14.20 HELLP syndrome, unspecified trimester).

One additional coding resource was the AHA Coding Clinic November/December 1985 issue; HELLP Syndrome was briefly discussed and the reference provided similar information about the clinical signs and symptoms that

usually occur. Back then, the ICD-9-CM code that would be assigned for HELLP syndrome was 642.5, Severe pre-eclampsia (the code requires a fifth digit to show the episode of care).

It is known that the coding professional is often an investigator and interpreter of the clinical documentation and coding rules to accurately assign a code. Coding professionals have the privilege of knowing the patient story and can assist with telling it to others using the classification of diseases. Therefore, when the coding professional performs clinical coding, provides or attends coding education, or performs coding audits, it is important to remember that behind the code(s) and coded data is a patient whose medical story is being told. It’s critical that as coding professionals, we stay true to our ethics, integrity, and to our overall purpose of accurately telling and sharing the patient’s story through the codes assigned. This is part of our professional responsibility.

Communication is always critical and key for any process or relationship, especially in health care and patient care. Communication is also provided through coded data, which needs to be precise and accurate as it’s vital to knowing and understanding the patient’s clinical situation. Communication of coded data allows for severity, acuity, and risk of mortality to be accurately captured. The next time you are coding a patient encounter, educating, or auditing, think beyond just the alphanumeric codes and think of the patient’s story; remember that the patient is at the center of all that we do in health care and should be the reason for our efforts to ensure coding accuracy and integrity.

Reference

ProPublica. (16 May 2017). The Last Person You’d Expect to Die in Childbirth. Retrieved from healthleadersmedia.com/quality/last-person-you%E2%80%99d-expect-die-childbirth#.

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