Objectives

Ability to understand and apply:
- Basic ICD-9-CM coding conventions
- Basic ICD-9-CM coding process
- Outpatient coding Guidelines
  - Medical Necessity
  - Selecting and Sequencing

Skill/Knowledge Sets for Accurate Coding

- Coding Professionals need now / will need more with ICD 10
  - Med Terms (access to Medical Dictionary)
  - A&P/ Disease Processes
    - Signs and Symptoms
    - Etiologies
    - Diagnostic process
    - Therapies
    - Prognoses
  - Pharmaceuticals
  - Diagnostic procedures
  - Lab tests
  - Surgeries (Eponyms, Acronyms)

Translation of Terms

- Key skill for coder
- Interface between terms in documentation and terms in ICD-9-CM or ICD-10-CM/PCS
- Requires good knowledge of
  - Med terms
  - Drugs
  - Procedures
- Requires research skills for new terms
  - (See Resources)
History of ICD-9-CM & ICD-10

- ICD = Universal classification system of illnesses, developed in 1893
- ICD-9-CM in US; used to
  - Report, compile, and compare hc data
  - Evaluate appropriateness & timeliness of medical care,
  - Plan health care delivery systems,
  - Determine patterns of patient care among providers,
  - Analyze payments for health service, and
  - Conduct epidemiological & clinical research.
- Reimbursement & billing functions added in 1960s (MC, MA then PPSs (DRGs, MS-DRGs, etc)

ICD - 10

- World Health Organization (WHO)
  - Responsible for maintenance
- Two Classifications in US
  - ICD-10-CM
    - Replaces ICD-9-CM v. 1&2
    - NCHS maintains
  - ICD-10-PCS
    - Replaces ICD-9-CM v. 3
    - CMS maintains

ICD-9-CM Control & Maintenance

- Cooperating Parties
  - CMS - (Payers)
  - NCHS - (Researchers, etc.)
  - AHA - (Providers)
  - AHIMA - (HIM, coders, etc.)
- Annual Changes effective immediately
  - October 1 (Federal Gov't fiscal year)
  - April 1, mid-year (no grace period)

Resources/Handouts

- E codes
- Lab Values
- Neoplasm Coding
- Table of Drugs Decision Flowchart
- Online Coding resources (end of ppt)
ICD-9-CM Code Books

- 3 Volumes
- AI
  - Tables (HTN, Neoplasms, Drugs)
  - V codes indexed in main AI
  - E code index is separate, last
- TL
  - 17 Chapters (Sections)
  - E & V codes
- Procedures
  - AI & TL

Appendices

- A - Morphology of Neoplasms
  - Tissue type of neoplasm
  - Not reported for billing
  - Reported to State Ca Registries
  - Help coder select correct column in Neoplasm Table
- C – Drugs by AHFS List
- D – Classification of Industrial Accident
  - Can help coder id equipment category for E codes
  - Helps in assigning place of occurrence E code
- E- List of 3-digit categories

ICD-9-CM Code Structure

- Diagnosis
  - WOW: IF more specific code available, MUST select a code at that level
  - XXX Category
  - XXX.X Subcategory
  - XXX.XX Sub-classification

- Procedure
  - XX.XX

AI Coding Conventions

- **Main term** (Nouns, Adjectives, Eponyms)
  - Problem, Condition, Disease
  - **NOT** body part (modifiers, subterms)
  - Alphabetization
    - Letter by letter (ignore – and spaces)
    - Exception “With”~“Without” sequenced 1st
    - Numbers
      - Listed numerically, NOT alphabetically

- **Main term** (nonessential modifiers)
  - Indented Essential Modifiers (subterms)
**AI Coding Conventions**

- **Main term (nonessential modifiers)**
  - Indented = Essential Modifiers (subterms)

- Nonessential modifier – supplementary words that may be present OR absent from the physician’s statement of a disease or procedure WITHOUT affecting the code number assignment

<table>
<thead>
<tr>
<th>Main term</th>
<th>Subterm (1st qualifier)</th>
<th>2nd Qualifier</th>
<th>3rd Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effusion</td>
<td>pleura, pleurisy, pleuritic</td>
<td>pleuropericardial 511.9</td>
<td>traumatic 862.29</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>with open wound 862.39</td>
</tr>
</tbody>
</table>

**WOW:** Be Careful! Easy to get lost in indentation level when moving from one column to next

**AI Coding Conventions**

- **Eponyms**
  - Diseases, syndromes, or procedures named for person.
  - Listed alphabetically in AI as Main Terms
  - Listed as subterms under
    - Disease, Disorder, Syndrome, and
    - Operation (Proc.)

- Ex: Down Syndrome, Graves Disease, Keller Operation, Bankhart Operation

**Terms in AI, but NOT in TL**

- Trust guidance of AI when similar terms are listed in TL
  - Ex: Listlessness in AI = 780.79
  - 780.79 Other malaise and fatigue
    - Asthenia NOS
    - Lethargy
    - Postviral (asthenic) syndrome
    - Tiredness
### Dx General Terms

<table>
<thead>
<tr>
<th>Abnormal</th>
<th>Findings</th>
<th>Neoplasm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anomaly</td>
<td>Foreign body</td>
<td>Obstruction</td>
</tr>
<tr>
<td>Complication</td>
<td>Infection</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>Delivery</td>
<td>Injury</td>
<td>Puerperium</td>
</tr>
<tr>
<td>Disease</td>
<td>Late effects</td>
<td>Syndrome</td>
</tr>
<tr>
<td>Disorder</td>
<td>Lesion</td>
<td>Wound</td>
</tr>
</tbody>
</table>

### AI Coding Conventions

- NEC (Not Elsewhere Classifiable)
  - Only in AI
  - Means “Other specified” – often .8 codes
  - Have specific documentation, BUT NO better location in ICD-9-CM

- “due to” subterm / “in” subterm
  - Indicates presence of cause-and-effect relationship between 2 conditions
  - Physician must make connection in documentation

- Default code (486 for pneumonia)
- X references (see, see also)
- Boxed Notes
  - Follow some main terms
  - Define terms, provide coding instruction,
    List 5th digit options or 4th digit (Proc AI)
  - Ex: Fracture; Diabetes

- Slanted brackets
  - Used to ID manifestation codes
  - Manifestation = condition that occurs because of another condition
  - Manifestation codes are ALWAYS add'l codes
  - Do NOT report the brackets

WOW: Slanted Brackets indicate MANDATORY Multiple Coding & SEQUENCING
AI Tables

- Hypertension
- Neoplasms

Hypertension Table

- Complete listing of HTN codes and other conditions associated with it
- Malignant HTN
  - Severe form w/vascular damage and diastolic pressure of 130+
  - HTN is out of control or rapid change
- Benign
  - Mild and/or controlled HTN
  - No damage to vessels or organs
- Unspecified – no documentation of either above

HTN Table

- Can code HTN when documented with normal readings IF on meds
- Secondary HTN caused by another condition
  - Ex: Cancer
- Combination codes for HTN w/other condition
- BUT may need two codes
- BE CAREFUL!

HTN Examples

- Hypertensive kidney disease, CHF, and acute systolic heart failure
  - 404.93
- Chronic renal failure and HTN
  - 403.91
- CHF with B9 HTN
  - 428.0, 401.1
Neoplasm Table

- Morphology (behavior) codes & Table of Neoplasms
  - /3 Primary Ca
  - /6 Metastatic (2ndary) Ca
  - /2 Ca in Situ
  - /0 Benign
  - /1 Uncertain Behavior
    - Path report MUST spec. indicate uncertain behavior
    - Unspecified behavior = documentation does not specify behavior of neoplasm

WOW: write this info at top of neoplasm table columns on 1st page of Table

Terms for B9 Lesion

- Adenosis
- Cyst
- Dysplasia
- Mass (but NOT if neoplasm is in dx statement)
- Polyp

- Do NOT use Neoplasm Table for these conditions

Neoplasms

- Always start with dx term/modifiers in main AI
  - This can give you a Morphology code OR
  - Give you correct body part (Row) OR
  - Send you directly to code

- Metastatic neoplasms
  - See Resource

Neoplasm – New growth/tumor, with out of control cells

- Dr should specify B9 or malignant
  - B9 – noncancerous, nonmalignant, noninvasive
  - Malignant – cancerous, invasive, spreading to other parts of body

- Best to code from path report
- Until dx of B9/Malignant, code sign (mass, lump)
- Lesion = if dx statement does not confirm malig.
Neoplasm Examples

• Non-Hodgkin’s Lymphoma
  – Main Term: Lymphoma
    • Non-Hodgkin’s type NEC (M9591/3) 202.8
• Adrenal adenolymphoma
  – Main Term: Adenolymphoma (M8561/0)
    • Specified site – see Neoplasm, by site, benign unspecified 210.2
    • Row in Table is adrenal (cortex) (gland) (medulla)

Neoplasm Example

• Clear cell kidney Cancer
• Cancer (M8000/3) -- see also Neoplasm, by site, malignant
• Carcinoma (M8010/3) -- see also Neoplasm, by site, malignant
  – Clear cell (mesonephroid type)(M8310/3)
• /3 = Malignant Primary Column of Table
• By site = Row of Table
• Select code in cell where column and row intersect

Table of Drugs and Chemicals

• NOT part of main AI
  – Medicinal, chemical, and biological substances
    • Row = Substance
    • Column = Type of Cause
• Adverse Effect
  – Need one code from Al AND one code from table
    • Therapeutic Use column ONLY
• Poisoning
  – Can be accident, suicide, assault, or undetermined
  – Need codes from 2 columns in table
  – Need code from AI for manifestation, if documented
    – CANNOT use Tx Use Ecode with Poisoning Code!
• See Resource

Adverse Effect vs. Poisoning

• Adverse effect – AKA Drug Toxicity, Intoxication
  – Pathology caused by ingestion or exposure to a substance properly administered/taken
• Poisoning
  – Result of overdose, wrong substance, or intoxication (alcohol, drug abuse)
• Toxic effect
  – Harmful substance ingested/contacts person
Adverse Effects

- E codes for Adverse Effects are MANDATORY
  - MUST be reported
- HCO can choose to report other types of Ecodes
  - Some states mandate reporting of Trauma, etc.
- Late Effect coding of Adverse effects

When Substance NOT in Table of Drugs and Chemicals

- Coder must research and translate
  - Brand vs. Generic name
  - Type of medication
  - AHFS numbers
- AHFS list numbers included in table to help classify new drugs not identified in table by name. These listings are in table under main term Drug
- Table does NOT include radium and other radioactive substances

AHFS Examples

<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning</th>
<th>Accident</th>
<th>Tx Use</th>
<th>Suicide</th>
<th>Assault</th>
<th>Undet.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug</td>
<td>977.9</td>
<td>E858.9</td>
<td>E947.9</td>
<td>E950.5</td>
<td>E962.0</td>
<td>E960.5</td>
</tr>
<tr>
<td>spec. NEC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AHFS List</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00</td>
<td>Antihistamine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:04</td>
<td>amebacides</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>arsenical anti-infectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:12.06</td>
<td>cephalosporins</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80:08</td>
<td>toxoids NEC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Condition

<table>
<thead>
<tr>
<th>Principal Dx</th>
<th>Late Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seizures, Vertigo, etc.</td>
<td>Hemiplegia, etc. PLUS 909.5 (Late Effect)</td>
</tr>
<tr>
<td>AND</td>
<td>AND</td>
</tr>
<tr>
<td>E Code from Tx Use column (E930-E949) MANDATORY</td>
<td>E Code from Tx Use column (E930-E949) MANDATORY</td>
</tr>
</tbody>
</table>
Drug Example (Poisoning)

- Ambien, Ambien CR, Edluar, Intermezzo, Zolpimist (Brand Names)
- Zolpidem = Generic Name
- 2012 Table - NOT Listed
- Drugs.com
  - Sedative, AKA Hypnotic
- Table
  - Hypnotics NEC 967.8
  - Sedatives specified NEC 967.9

Table of Drugs Examples

- Pt suffered seizure as a result of taking prescribed Phenergan. Pt took medication with beer.
  - 967.8, 980.0, 780.39, E852.8, E860.0

- Female, 76 yo, admitted w/tachycardia due to theophylline toxicity
  - 785.0, E944.1

V Codes

- Always Diagnosis!
- Report conditions, NOT disease/injury, but that influence patients’ health status
- Clarify reason for encounter
- Add’l factors for patient receiving care
- Some V codes
  - Are Pr Dx Codes (Newborn)
  - ONLY Secondary codes (History of)
  - Can be either (Chemotherapy)

When to use V Codes

- 1. Non-sick person presents for other reason (Pr Dx) – Ex:
  - Organ donor
  - Preventative care
  - Receive counseling on health-related issues
- 2. Person with resolving/chronic disease, injury or condition presents for aftercare Ex:
  - Dialysis for renal disease (Pr or 2ndary Dx)
  - Chemotherapy for malignancy (Pr or 2ndary Dx)
  - Cast change
When to use V codes

• 3. Circumstances or problems influence person’s health status BUT are NOT current illness or injury (2ndary Dx) Ex:
  – Personal hx of breast ca (NEVER Pr Dx)
  – S/P CABG

• 4. For newborns, to indicate birth status. (Pr Dx)
  – Only used once per NB

General Terms for V codes

<table>
<thead>
<tr>
<th>Admission</th>
<th>Examination</th>
<th>Outcome of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aftercare</td>
<td>Exposure to</td>
<td>Problem</td>
</tr>
<tr>
<td>Attention to</td>
<td>Fitting</td>
<td>Screening</td>
</tr>
<tr>
<td>Contact</td>
<td>Follow-up</td>
<td>Status</td>
</tr>
<tr>
<td>Counseling</td>
<td>History</td>
<td>Test</td>
</tr>
<tr>
<td>Donor</td>
<td>Newborn</td>
<td>Therapy</td>
</tr>
<tr>
<td>Encounter</td>
<td>Observation</td>
<td>Vaccination</td>
</tr>
</tbody>
</table>

V Code Examples

• Use AI to find main terms
• A woman with no symptoms goes to hospital OP radiology department for screening mammogram. She is at high risk for breast cancer 2ndary to family Hx of breast ca in her mother and sister
• If no finding - V76.11, V16.3

V code Examples

• Pt admitted for observation for head injury following a fall. He also suffered a minor forehead laceration. Head injury was ruled out.
  – V71.4, 873.42, E888.9
E codes

- Report external causes of injury, poisoning, or other adverse reactions
  - Environmental events
  - Industrial accidents
  - Injuries due to crimes
- Reporting E codes can expedite insurance claims
- Place of Occurrence
  - Indicates which insurance should be billed

• Separate part of TL
• Own Index – NEVER Pr or 1st listed Dx
  - Environmental events, Circumstances, Conditions that cause
  - Injury, Poisoning, other Adverse Effects
  - Mandatory for all injury-related deaths
• Some states are making mandatory -16+
• See Resource

E code General Terms

<table>
<thead>
<tr>
<th>Accident</th>
<th>Exposure</th>
<th>Injury</th>
<th>Suffocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault</td>
<td>Fall</td>
<td>Misadventure</td>
<td>Suicide</td>
</tr>
<tr>
<td>Bite</td>
<td>Fire</td>
<td>Reaction</td>
<td>Terrorism</td>
</tr>
<tr>
<td>Burn</td>
<td>Foreign Body</td>
<td>Shooting</td>
<td>War operations</td>
</tr>
<tr>
<td>Collision</td>
<td>Hit</td>
<td>Submersion</td>
<td>Wound</td>
</tr>
</tbody>
</table>

E code Examples

- Man falls at home and breaks his humerus.
  - 812.20, E888.9, E849.0
- Man falls in factory (his workplace) and breaks his humerus.
  - 812.20, E888.9, E849.3
- Which one will be covered by workers’ comp?
- Place of occurrence Ecode indicates
TL Structure

- Chapter (Body System or Etiology)
  - Etiology
    - Chapter 1 – Inf and Parasitic Disease
    - Chapter 2 – Neoplasms
  - Body System
    - Chapter 7 – Circulatory
    - Chapter 13 – MS
- Chapter 17 – Etiology or Body System?
- Chapter 9 – Etiology or Body System?

5th Digits for Migraine

- 0 w/o mention of intractable migraine, status migrainosus w/o refractory migraine, mention of status migrainosus
- 1 with intractable migraine, so stated, w/o of status migrainosus - with refractory migraine, so stated, w/o status migrainosus
- 2 w/o intractable migraine with status migrainosus - w/o refractory migraine with status migrainosus
- 3 with intractable migraine, so stated, with status migrainosus - with refractory migraine, so stated, with status migrainosus

<table>
<thead>
<tr>
<th>With OUT Intractable, Status Migrainosus</th>
<th>WITH Intractable</th>
<th>WITH Refractory</th>
<th>WITH Status Migrainosus</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHOUT Intractable</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>WITHOUT Refractory</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>WITHOUT Status migrainosus</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>WITH Intractable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WITH Refractory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status migrainosus</td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>
**TL Coding conventions**

- Notes and their locations
- Excludes
  - Direct coder to another location
  - May need to report both
- Includes
  - Further define or provide examples
- Multiple coding
  - Use Additional instructional note
  - Code first instructional note

**WOW: TL Notes are just like Real Estate — Location counts!**

**TL Coding conventions**

- *Italic typeface for Code Titles*
  - Sequencing: id manifestation codes
- AND in Code Titles = And/Or
- Punctuation
  - [ ] enclose synonyms, alternative wording
  - () enclose nonessential modifiers
  - : used after incomplete term
    - one or more add’l terms after the colon MUST be in diagnostic statement to use code
- Symbols
  - Vary by codebook publisher

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**TL Coding Conventions**

- NOS (not otherwise specified)
  - unspecified in documentation
  - information can’t be obtained from provider
- Review entire record to find more specific info.
  - Labs, radiology reports, OP report, path report
  - Code any confirmed or definitive dx documented in interpretation reports
  - Code any confirmed or definitive dx documented in interpretation reports
  - (Pt rec dx services only — *outpt guidelines*)
  - Query Dr IF necessary

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**ICD-9-CM Code Assignment Process**

- Id ALL main terms in Dx statement
- Id modifiers in Dx statement
- Locate main terms in Al
- Locate modifiers in subterms indented under main terms
- Check for special instructions or X ref
- TENTATIVELY select code
- Verify code category in TL
- Check for special instructions or X ref
- Assign all required codes
Coding Process Examples

• Id ALL main terms in the Dx
  – Problem, Condition, Disease
  – NOT body part
  – Usually NOUN

  - Benign prostatic hypertrophy, urinary retention
  - Urinary Tract Infection, Pseudomonas
  - Acute Myocardial Infarction
  - Chronic hypertrophy of tonsils
  - Perihilar viral pneumonia
  - Sciatica due to herniated lumbar disk
  - Left heart failure with benign hypertension

BPH with urinary retention

• Check for special instructions or X ref
• TENTATIVELY select code

Coding Process Examples

• Id modifiers in Dx statement
  – More specificity
  – Body part/system
  – Usually adjective (-ic, -al, -ar, -ive)

  - Benign prostatic hypertrophy, urinary retention
  - Urinary Tract Infection, Pseudomonas
  - Acute Myocardial Infarction
  - Chronic hypertrophy of tonsils
  - Perihilar viral pneumonia
  - Sciatica due to herniated lumbar disk
  - Left heart failure with benign hypertension

BPH with urinary retention

• Verify code category in TL
• Check for special instructions or X ref
• Assign all required codes
ICD-9-CM Procedure Coding

- ID Main Term in Index to Procedures
- If *omit code* follows term, do NOT assign code for operative approach
- Do not code operative closures or anesthesia
- When procedure statement is not in Index, start with general terms
  - Coder’s Knowledge/Translation Skill/Research

 Px General Terms

<table>
<thead>
<tr>
<th>Application</th>
<th>Insertion</th>
<th>Resection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closure</td>
<td>Operation</td>
<td>Revision</td>
</tr>
<tr>
<td>Correction</td>
<td>Procedure</td>
<td>Suture</td>
</tr>
<tr>
<td>Destruction</td>
<td>Release</td>
<td>Test</td>
</tr>
<tr>
<td>Division</td>
<td>Removal</td>
<td>Therapy</td>
</tr>
<tr>
<td>Incision</td>
<td>Repair</td>
<td>Transfer</td>
</tr>
</tbody>
</table>

Procedure Coding Process Examples

- Medical interview
- Artificial rupture of membranes for surgical induction of labor
- Intracranial angiotomy
- Transurethral biopsy of bladder
- Percutaneous biopsy of prostate
- Open bx of left frontal nasal sinus
- Intravenous right pyelogram
- Exploratory laparotomy, open

Break Time

- Fluid Exchanges
Coding and Documentation

• W/O consistent, complete documentation, accurate coding **cannot** be achieved

• Using inaccurate data in decisions leads to poor choices, waste of resources, poor quality healthcare

Documentation & Billing Data Uses

• Primary
  – Patient Care
  – Reimbursement
  – Facility database
    • Care improvement
    • Analyze trends
    • Develop forecasts
    • Manage risk
    • Utilization review
    • Quality assurance

• Facility database
  – Care improvement
  – Analyze trends
  – Develop forecasts
  – Manage risk
  – Utilization review
  – Quality assurance

• Computers & Databases making it easier to collect & save more & more data (DATAMINING)

Uses of documentation & billing data

• Secondary
  – Education
  – Research
    • Patient outcomes
    • Id populations at risk
    • Develop registries

– Regulation
  • Compare HC organizations
  • Monitor compliance
    – Public Health Policy
    – Licensure & Accreditation
    – Industry (Vendors, etc)
  – Litigation
  – Benchmarking

Documentation Requirements

• Based on various, numerous regulations and standards
  – JCAHO, NCQA
  – MC Conditions of Participation
  – HIPAA

• **Compliance** with documentation standards essential to avoid charges of fraud and abuse

“If it wasn’t documented, it didn’t happen”, **AND** it isn’t be paid for
JCAHO

• Documentation must be (minimum)
  – Present
  – Timely
  – Legible
  – Readable
  – Complete
    • (justify diagnosis & treatment)
  – Authenticated, dated and TIMED

Documentation content

• Elements
  – Hx of present illness
  – Description of physical findings
  – List of chronic, stable conditions that are still tx
  – Conclusions, discussion of pathophysiological considerations (provider’s decision process)
  – Description of medical necessity for care
  – What is improving but needing care, what is new

Other documentation indicators for compliance

• Reason for
  – each med ordered
  – each test ordered
  – each tx ordered

• Explanation for
  – each abn. test result

• Discharge summary (Final Progress Note) consistent with rest of record

• Progress notes
  – Updated, reflect tx plan
  – relationship between diagnosis(es) & tx plan
  – document all procedures performed

Final diagnoses
  – specific, & in complete, descriptive terms
  – include etiology of condition

Other documentation indicators for compliance

• Coders must review an entire, complete record
  – All documentation required on day of discharge should be available within 48-72 hours of discharge
  – OIG Compliance Program Guideline states “the documentation necessary for accurate code assignment should be available to coding staff”
Other documentation indicators for compliance

- **Coders** must review an entire, complete record
  - Physician responses to coders’ questions must be documented in the record. (Query Process)
  - Physician writes an addendum OR
  - Physician completes a standard clinical clarification form that becomes a permanent part of the record

Medical Necessity

- **MC definition**
  - “the determination that a service or procedure rendered is **reasonable and necessary** for the diagnosis/treatment of an illness or injury”

- V codes help support medical necessity of a procedure/service
  - Dental procedure in Hospital/ASC instead of Office
  - Pt Blindness

Medical Necessity

- Diagnosis must **justify** diagnostic and/or treatment procedures, services, or supplies that are
  - Proper & needed for dx/tx of condition
  - Provided for dx, care, and tx of condition
  - Consistent w/standards of good medical care in area
  - Not mainly for convenience of Dr or HC org.

Documentation must justify selection of an ICD-9-CM code

- **Coder must** match codes with documentation’s level of specificity, cannot assume (fraud)
  - Select least serious/complicated if not spec
  - Ex: closed vs open fx

- ICD-9-CM has many NOS, NEC, and Other codes because it is universal classification
  - (a place for every **possible** healthcare situation)
  - Many fewer in ICD-10
Diagnoses
- ALL Signs & Symptoms, not just RO
- WHY???
- Which digits
- Dominant side
- Residuals
- Etiology
- Burn areas & degree
- Adverse Effects
- Trauma causes

Outpatient
- Outpatient is a person treated in
  - ASC*
  - Physician’s office
  - Hospital Clinic*
  - ED*
  - Outpatient Dept*
  - SD surgery*
  - Hospital Observation*
- *Hospital Outpatient LOS <24 hours
  - 23 hours, 59 minutes, 59 seconds

Official ICD-9-CM Coding Guidelines
- Developed by Cooperating Parties
  - AHA, AHIMA, HCFA, NCHS
  - Available at: www.cdc.gov/nchs/icd/icd9cm.htm
  - New guidelines require unanimous approval by all cooperating parties
  - 2011 last version
  - HIPAA requires adherence to guidelines
- Coding Clinic is official source of guidelines, published quarterly by AHA
- Instructions in ICD-9-CM take precedence over any guidelines

OP Coding Guidelines
- Section IV of Official Guidelines
- Used by Hospitals and Providers
- Code and report hospital-based outpatient services AND provider-based office visits
- “Encounter” and “Visit” are equivalent
- Conventions and General Guidelines apply to ALL settings
- Differences - inconclusive dxs and Pr Dx
- Many insurance co have adopted (w/variations)
Qualified Diagnoses

- Inconclusive Diagnosis documented as
  - Probable, suspected, questionable, rule out, or working. Versus
- Do NOT code qualified dx in Outpt settings
- Code conditions to highest degree of certainty for visit
  - Signs, symptoms, abnormal test results, or other reasons for visit
- Qualified dx CANNOT be reported on CMS-1500 claim for outpatient care (CMS)

Legal Case

- Stafford v. Neurological Med, Inc
  - 811 F.2d 470 (8th Cir., 1987)
- Rule out brain tumor was documented
  - Brain tumor was coded
  - Test results showed NO brain tumor
  - Claim info inadvertently sent to patient
- She committed suicide
- Husband won $200,000 for negligent paperwork, because a qualified dx was reported

WOW Coders can kill patients TOO

Coding Diagnostic Tests

- Dx Tests interpreted by physician AND have final report available at time of coding – code any confirmed dx documented in the interpretation
- If Dx test normal, Interpreting Doc should document signs/symptoms that prompted treating doc to order test
- If NO interpretation when you code, code signs and symptoms

Signs & Symptoms for Tests

- The BBA (federal law)
- Referring physicians are REQUIRED to provide dx info to testing entity at the time test is ordered
- If via phone, BOTH sets of patient records should have documentation of phone call
Application of OP Guidelines

- SOB; R/O pneumonia; chest X-ray ordered
- Patient seen for urinary frequency in OP Dept. Dr. documents probable cystitis
- Outpatient treated for both acute and chronic bronchitis (each was coded)
- X-ray of foot to r/o fx; no fx; DJD of foot
- Hansen disease exposure; no bacteria found
- Severe muscle weakness and atrophy, r/o ALS

V codes in Outpatient Coding

- Lab/Radiology testing w/o signs, symptoms – V72.5 and/or V72.6
- Colonoscopy for Family Hx of Colon Ca
- If 3rd party payer or MC contractor denies claim w/V code, contact your regional CMS office or the HIPAA enforcement office (at CMS) for resolution

Code Sequencing

- Selection of principal/1st-listed diagnosis
  - Inpt – Pr Dx - Reason determined “after study” to be the chief cause of admission
  - Can code qualified dx

- Outpt – 1st-listed Dx (formerly primary dx) – diagnosis, condition, problem, or other reason for encounter/visit documented in the patient record to be chiefly responsible for the services provided
  - Can’t code qualified dx

Outpt Code Sequencing

- Sequencing of codes
  - 1st-listed
    - Add’l codes for any coexisting conditions
      - Require or affect pt care or mgt
      - Hx codes if impact current care/influences tx
      - Chronic diseases w/ongoing tx are coded as many times as patient is tx
      - Procedures sequenced to match dx sequence as much as possible
Basic ICD-9-CM & DRGs

Outpatient Code Sequencing

- Etiology/manifestation coding convention
  - Has precedence over outpt guidelines

- Add'l Diagnosis codes
  - Mgt – pt education; renewing prescriptions
  - Incidental findings
  - Hx codes, if impact care

Ex: Pt has chest x-ray for wheezing
X-ray normal, except for scoliosis & DJD of thoracic spine
Codes:

OIG Work Plan 2013

CAHs (2 Plans)

- Variations in Size, Services, and Distance From Other Hospitals
  - Review CAHs to profile variations in size, services, and distance from other hospitals. Examine the #s and types of patients that critical access hospitals (CAH) treat.

- Approx. 1,350 CAHs, but limited information about their structure and services

OIG Work Plan 2013

- Payments for Swing-Bed Services (New)
- Compare reimbursement for swing-bed services at CAHs to the same level of care obtained at traditional skilled nursing facilities (SNF) to determine whether Medicare could achieve cost savings through a more cost effective payment methodology.

CAH Payment

BBA (1997) created CAH Program to ensure access to healthcare services in rural areas. MC Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) allows CAHs to get MC reimbursement = 101% of reasonable cost & > 25 inpt beds to be used for AC/swing-bed services, w/ CMS approval.

Neither Law established any LOS limits for swing-beds. SNFs reimbursed under PPS through case-mix, adjusted per-diem prospective payment rates for all SNFs, representing payment in full for all costs associated w/ furnishing covered SNF services to MC beneficiaries.
Homework

- Pt presents to ED after his wife noticed that he was extremely drowsy after taking his Valium that night, as prescribed. The patient had three beers earlier that evening at home.

- Pt is seen for a concussion that occurred during a motor vehicle accident, when he lost control and hit a stalled car while driving in a hurricane.

- Pt presents to ED with UTI that is due to an indwelling urinary catheter.

Homework

- Pt is seen in ED for fx wrist after being pushed to ground by her husband during a fight.

- Pt is seen in ED after receiving lacerations to shoulder and back resulting from explosion in abortion clinic. No other information is provided. What codes would you assign based upon the information given?

- Ataxia due to interaction of Carbamazepine and Erythromycin taken as prescribed. Pt stopped taking medications one year ago.

Question for Participants

- Any particular topic in today’s webinar you would like more on in next workshop???

- Please send me an email at the address shown at end of this presentation if you have a coding question/issue/situation

Answers to 2nd Pre/Post Test

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Basic ICD-9-CM & DRGs

Coding Resources

- Arrowood, D. Conquering the Confusion of Dementia Coding. CCS Prep. Advance for HIM. 9/14/2012. (Quiz)
- Audio Educator – Healthcare Coding Training. 404 videos (Teasers)
  - http://www.youtube.com/user/audioeducator2
  - a Wiki (a Web page collection to help those who access it to contribute or modify content) for reimbursement for physician services, providing user-generated content related to billing, coding, collections, and compliance for medical practices.

Coding Resources

- Defining the Core Clinical Documentation Set for Coding Compliance. AHIMA.

Coding Resources

- Drug Index A to Z.
- Free 2011 Medical Coding Data (ICD-9-CM vol 1 and 2)
  - http://www.icd9data.com/
- Free Medical Quiz Room. Central Business School, Michigan.

Coding Resources

- Howard, A. Coding for Poisoning vs. Adverse Effect. 2006. For The Record vol. 18 No. 26 P. 35
  - http://www.youtube.com/watch?v=oa6b3uQFTAY
Basic ICD-9-CM & DRGs

Coding Resources

- ICD 9 CM coding guidelines study sets. Quizlet.
- ICD-9-CM Overview, Part 2. Powerpoint with info on Table of Drugs and Chemicals
  - [http://www.youtube.com/watch?v=wvNb8fMLlf8](http://www.youtube.com/watch?v=wvNb8fMLlf8)
- ICD10Data.com (ICD-10-CM, ICD-10-PCS to be added)
  - Converts to/from ICD-9-CM
  - [http://www.icd10data.com/](http://www.icd10data.com/)

Medical Content Resources

- Anatomy videos. MedlinePlus
- Drugs and Supplements. MedlinePlus
- Interactive Health videos. MedlinePlus
- Surgery Videos. MedlinePlus
- MedlinePlus.
- Merriam-Webster Medical Dictionary w/pronunciation.

Coding Resources

- JustCoding News: Outpatient (Free e-Newsletter). HCPro.
  - [http://www.ahcancal.org/facility_operations/hipaa/Documents/LTCC_ICD9CMProgram_Section1.pdf](http://www.ahcancal.org/facility_operations/hipaa/Documents/LTCC_ICD9CMProgram_Section1.pdf)
  - [http://www.ahcancal.org/facility_operations/hipaa/Documents/LTCC_ICD9CMProgram_Section2.pdf](http://www.ahcancal.org/facility_operations/hipaa/Documents/LTCC_ICD9CMProgram_Section2.pdf)
- Phillips, L. ICD-9-CM Coding for Medical Necessity. Extensive Powerpoint. AAPC.
  - [http://static.aapc.com/a3c7c3fe-6fa1-4d67-8534-a3c9c8315fa0/16f6616f-8c79-4d59-9b97-6d29ecbaee89/00a3715b-7034-4a18-a122-a122-](http://static.aapc.com/a3c7c3fe-6fa1-4d67-8534-a3c9c8315fa0/16f6616f-8c79-4d59-9b97-6d29ecbaee89/00a3715b-7034-4a18-a122-a122-)

Questions ?? ??

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Thank You!