

2016 Coding Guidance and Case Mix Calculation

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Setting the Table

- Implement the third year of a four year ACA rebasing adjustments
- Implement value based purchasing model
- Reduction in the 60 day payment rates
- Changes to the case mix weights
- Changes to the quality reporting program
- Clarification regarding use of “initial” encounter 7th character

Case Mix Definition

- For purposes of PPS, the definition of case mix is a given agency's patient characteristics, circumstances, disabilities, and diseases (i.e. patient's environmental or living conditions, demographics, and baseline health status data)
- Case-mix represents the variations in conditions of the patient population served by HHA agencies

Case Mix Measurement

- Predicted (real) change is based on the relationship between patient characteristics and case mix. It is changes over time in the characteristics of patients
- Unpredicted (nominal) change is the portion of case mix change that cannot be explained by changes in the patient characteristics. It is assumed to reflect differences over time in agency practices

Case Mix Measurement

- Of the 23.90% of case mix growth
- Only 15.97% from 2000 to 2010 was due to the treatment of more resource intensive patients (real) case mix
- 20.08% was a result from (nominal) case mix growth including:
 - Incentives to report co-morbid conditions
 - Shift in distribution of therapy visits
 - Changes in clinical documentation

Case Mix Measurement

- Agencies reporting more co morbidities
- Unlikely the actual disease burden of patient changed so dramatically
- Incentives to report more co morbidities under the refined case mix system are the reason for the large increases in reported co morbidities

Case Mix Measurement

- Changed coding practices:
- Improved understanding of the coding system
- More comprehensive coding
- Changed interpretation of various OASIS items
- Other evolving measurement issues

Case Mix Measurement

- 2014 claims data linked to OASIS data was used
- Analysis revealed nominal case mix has continued to grow beyond predicted rulemaking
- Requiring a recalibration of the case mix weights
- Adjusting point values in the four-equation model

Case Mix Measurement

- Phasing in case mix reductions over 3 years, rather than 2 years
- 0.97 % reduction in 2016, 2017, 2018 to account for nominal case-mix growth from 2012 to 2014.

Grouper Variables

- Updating the 4 equation model resulted in:
 - 124 point-giving variables
 - 8 variables that were added
 - 4 variables that were dropped (due to lack of additional resources associated with the variable)
 - 54 variables remained the same

ICD-10 Grouper Update

- No change to the case mix diagnosis groups
- Minor changes in case mix calculation table
- Changes in case mix code list (7th character)
- Changes in the NRS code list (7th character)

4 Equation Model

- 4 equation model
 - early episode with low therapy
 - early episode with high therapy
 - late episode with low therapy
 - late episode with high therapy
- Early episode = 1st or 2nd adjacent episode
- Late episode = 3rd or greater adjacent episode

4 Equation Model

Equation	1	2	3	4
Episode number within sequence of adjacent episodes	1 or 2	1 or 2	3+	3+
Therapy visits	0-13	14+	0-13	14+

Clinical Dimension

- M1021: Diagnosis
- M1023: Diagnosis
- M1025: Diagnosis
- M1030: Therapies
- M1200: Vision
- M1242: Pain
- M1308: Pressure Ulcer
- M1324: Pressure Ulcer
- M1334: Stasis Ulcer
- M1342: Surgical Wound
- M1400: Dyspnea
- M1620: Bowel Incontinence
- M1630: Ostomy
- M2030: Injectable drugs
- *As of January 2015 (2) dimensions are no longer available for points*
- *As of October 2015 (1) dimension will no longer be available for points*

Functional Dimension

- M1810: Ability to dress upper body
- M1820: Ability to dress lower body
- M1830: Bathing
- M1840: Toileting
- M1850: Transfer
- M1860: Ambulation

Service Dimension

- M2200: Therapy Need
- *Note: The number of visits determines the service portion of the HHRG score*

Case Mix Adjustment Calculation Table



Payment Questions OASIS

- Case mix diagnoses are diseases or conditions that contribute to a home health agency's increased costs or resources
- Both primary diagnoses and secondary (manifestation) diagnoses are included
- Points are available if the case mix code is in the appropriate place in M1021 or M1023
- ICD-10 Grouper Logic does not score diagnoses placed in M1025 (clinical, NRS, or as a risk adjustment variable).

Diagnosis Group Scoring

- Codes recognized by the grouper for scoring are assigned to 1 of 22 Diagnosis Groups (DG)
- Three Z codes from the Z43 category
- Five of the diagnosis groups (DG), no longer provide case mix value

22 Diagnosis Groups

- Blindness and low vision
- Blood disorders
- Cancer & selected benign neoplasms
- Diabetes
- Dysphagia
- Gait Abnormality
- Gastrointestinal disorders
- Heart Disease
- Hypertension
- Neuro 1 (Brain)
- Neuro 2 (Peripheral)
- Neuro 3 (CVA)
- Neuro 4 (MS)
- Ortho 1
- Ortho 2
- Psych 1(Affective)
- Psych 2 (Degenerative)
- Pulmonary disorders
- Skin 1(Trauma)
- Skin 2 (Ulcer and other)
- Tracheostomy Care
- Urostomy/Cystostomy Care

Case Mix Calculation Table

Episode number within sequence of adjacent episodes		1 or 2	1 or 2	3+	3+
Therapy visits		0-13	14+	0-13	14+
EQUATION:		1	2	3	4
CLINICAL DIMENSION					
1	Primary or Other Diagnosis = Blindness/Low Vision	0	0	0	0
2	Primary or Other Diagnosis = Blood disorders	0	6	0	2
3	Primary or Other Diagnosis = Cancer, selected benign neoplasms	0	7	0	7
4	Primary Diagnosis = Diabetes	0	7	0	4
5	Other Diagnosis = Diabetes	1	0	0	0
6	"Primary or Other Diagnosis = Dysphagia AND Primary or Other Diagnosis = Neuro 3 – Stroke"	3	16	1	9
7	"Primary or Other Diagnosis = Dysphagia AND M1030 (Therapy at home) = 3 (Enteral)"	1	10	1	10
8	Primary or Other Diagnosis = Gastrointestinal disorders	0	0	0	0
9	"Primary or Other Diagnosis = Gastrointestinal disorders AND M1630 (ostomy) = 1 or 2"	0	6	0	6
10	"Primary or Other Diagnosis = Gastrointestinal disorders AND Primary or Other Diagnosis = Neuro 1 - Brain disorders and paralysis, OR Neuro 2 - Peripheral neurological disorders, OR Neuro 3 - Stroke, OR Neuro 4 - Multiple Sclerosis"	0	0	1	0
11	Primary or Other Diagnosis = Heart Disease OR Hypertension	1	0	0	0

Case Mix Calculation Table

Episode number within sequence of adjacent episodes		1 or 2	1 or 2	3+	3+
Therapy visits		0-13	14+	0-13	14+
EQUATION:		1	2	3	4
12	Primary Diagnosis = Neuro 1 - Brain disorders and paralysis	3	11	6	11
13	"Primary or Other Diagnosis = Neuro 1 - Brain disorders and paralysis AND M1840 (Toilet transfer) = 2 or more"	0	2	0	2
14	"Primary or Other Diagnosis = Neuro 1 - Brain disorders and paralysis OR Neuro 2 - Peripheral neurological disorders AND M1810 or M1820 (Dressing upper or lower body) = 1, 2, or 3"	2	7	1	6
15	Primary or Other Diagnosis = Neuro 3 – Stroke	3	9	2	7
16	Primary or Other Diagnosis = Neuro 3 - Stroke AND M1810 or M1820 (Dressing upper or lower body) = 1, 2, or 3	0	5	0	0
17	"Primary or Other Diagnosis = Neuro 3 - Stroke AND M1860 (Ambulation) = 4 or more"	0	0	0	0
18	"Primary or Other Diagnosis = Neuro 4 - Multiple Sclerosis AND AT LEAST ONE OF THE FOLLOWING: M1830 (Bathing) = 2 or more OR M1840 (Toilet transfer) = 2 or more OR M1850 (Transferring) = 2 or more OR M1860 (Ambulation) = 4 or more"	3	10	7	10
19	"Primary or Other Diagnosis = Ortho 1 - Leg Disorders or Gait Disorders AND M1324 (most problematic pressure ulcer stage) = 1, 2, 3 or 4"	8	1	8	1
20	"Primary or Other Diagnosis = Ortho 1 - Leg OR Ortho 2 - Other orthopedic disorders AND M1030 (Therapy at home) = 1 (IV/Infusion) or 2 (Parenteral)"	3	0	3	0

Case Mix Calculation Table

Episode number within sequence of adjacent episodes		1 or 2	1 or 2	3+	3+
Therapy visits		0-13	14+	0-13	14+
EQUATION:		1	2	3	4
21	Primary or Other Diagnosis = Psych 1 – Affective and other psychoses, depression	0	0	0	0
22	Primary or Other Diagnosis = Psych 2 - Degenerative and other organic psychiatric disorders	0	0	0	0
23	Primary or Other Diagnosis = Pulmonary disorders	0	0	0	0
24	"Primary or Other Diagnosis = Pulmonary disorders AND M1860 (Ambulation) = 1 or more"	0	0	0	0
25	Primary Diagnosis = Skin 1 -Traumatic wounds, burns, and post-operative complications	3	19	8	19
26	Other Diagnosis = Skin 1 - Traumatic wounds, burns, post- operative complications	6	16	8	13
27	"Primary or Other Diagnosis = Skin 1 -Traumatic wounds, burns, and post-operative complications OR Skin 2 – Ulcers and other skin conditions AND M1030 (Therapy at home) = 1 (IV/Infusion) or 2 (Parenteral)"	4	0	0	0
28	Primary or Other Diagnosis = Skin 2 - Ulcers and other skin conditions	2	17	9	17
29	Primary or Other Diagnosis = Tracheostomy	3	17	3	17
30	Primary or Other Diagnosis = Urostomy/Cystostomy	0	19	0	12
31	M1030 (Therapy at home) = 1 (IV/Infusion) or 2 (Parenteral)	0	17	6	17

Case Mix Calculation Table

Episode number within sequence of adjacent episodes		1 or 2	1 or 2	3+	3+
Therapy visits		0-13	14+	0-13	14+
EQUATION:		1	2	3	4
32	M1030 (Therapy at home) = 3 (Enteral)	0	15	0	5
33	M1200 (Vision) = 1 or more	0	0	0	0
34	M1242 (Pain) = 3 or 4	2	0	1	0
35	M1308 = Two or more pressure ulcers at stage 3 or 4	5	5	5	14
36	M1324 (Most problematic pressure ulcer stage) = 1 or 2	4	19	7	17
37	M1324 (Most problematic pressure ulcer stage) = 3 or 4	8	33	11	27
38	M1334 (Stasis ulcer status) = 2	4	13	8	13
39	M1334 (Stasis ulcer status) = 3	7	17	10	17
40	M1342 (Surgical wound status) = 2	2	8	5	13
41	M1342 (Surgical wound status) = 3	1	7	5	8
42	M1400 (Dyspnea) = 2, 3, or 4	0	1	0	1
43	M1620 (Bowel Incontinence) = 2 to 5	0	4	0	4
44	M1630 (Ostomy) = 1 or 2	4	12	2	7
45	M2030 (Injectable Drug Use) = 0, 1, 2, or 3	0	0	0	0

Case Mix Weight Adjustment



Case Mix Weights

- 153 possible resource groups (HHRG)
- Redefined clinical and functional thresholds
- Redefined the case mix weights
- Redefined the non-routine supply conversion rate (NRS)

Clinical and Functional Thresholds

TABLE 4—CY 2016 CLINICAL AND FUNCTIONAL THRESHOLDS

		1st and 2nd Episodes		3rd+ Episodes		All episodes
		0 to 13 therapy visits	14 to 19 therapy visits	0 to 13 therapy visits	14 to 19 therapy visits	20+ therapy visits
Grouping Step:		1	2.1	3	2.2	4
Equation(s) used to calculate points: (see Table 3)		1	2	3	4	(2&4)
Dimension	Severity Level.					
Clinical	C1	0 to 1	0 to 1	0	0 to 3	0 to 3
	C2	2 to 3	2 to 7	1	4 to 12	4 to 16
	C3	4+	8+	2+	13+	17+
Functional	F1	0 to 14	0 to 6	0 to 6	0	0 to 2
	F2	15	7 to 13	7 to 10	1 to 7	3 to 6
	F3	16+	14+	11+	8+	7+

Case Mix Recalibrations

- Thresholds increased to reach clinical and functional severity at various step levels (early/late, high/low therapy)
- Earned points are further diminished by decrease in the case mix variables
- Reduction in HHRG scores

Example

- Patient admitted for management of hemiplegia as a late effect of a CVA 6 days ago. Patient also has CHF, and diabetes. 14 therapy visits are planned. [Equation 2](#).
- In 2015
 - Late effect of CVA, hemiplegia = 10 CM points
 - Diabetes as secondary diagnosis = 0 CM points
 - CHF = 0 CM points
 - CVA + M1810/20 (1-3) = 4 CM points
- In 2016
 - Late effect of CVA, hemiplegia = 11 CM points
 - Diabetes as secondary diagnosis = 0 CM points
 - CHF = 0 CM points
 - CVA + M1810/20 (1-3) = 7 CM points

2015	2016
CM points from diagnoses = 10	CM points from diagnoses = 11
M1400 (1) = 0	M1400 (1) = 0
CVA + M1820 = 4	CVA + M1820 = 7
C Score = 14 (C3)	C Score = 18 (C3)
M1810/20 (2) = 0	M1810/20 (2) = 0
M1830 (2) = 3	M1830 (2) = 2
M1840 (2) = 3	M1840 (2) = 4
M1850 (1) = 0	M1850 (1) = 0
M1860 (2) = 0	M1860 (2) = 0
F Score = 6 (F2)	F Score = 6 (F1)
S Score = S1 (14 visits)	S Score = S1 (14 visits)
C3F2S1 (1.5386) = \$4496.96	C3F1S1 (1.4569) = \$4319.88 (-\$177.08)

Relationship Between Coding and Non Routine Supplies



Non Routine Supplies

- Most patients do not use NRS
- Many use a small amount
- Some use a large amount
- NRS costs are distributed across episodes unevenly
- Regression equations were created from the OASIS measures to predict NRS costs

Non Routine Supplies

- You are being paid for supplies based on OASIS responses even if no supplies provided
- The requirement for changing the last digit of the HIPPS code from a letter (supplies billed) to a number (no supplies billed) is to enable CMS to collect supply utilization data on non routine supplies and has nothing to do with payment

Non Routine Supplies

- CMS has unbundled NRS reimbursement
- Paid separately based on six severity levels
- NRS reimbursement calculated using:
 - OASIS combinations
 - Numerical case mix diagnoses
 - Selected Z codes
 - 7 case mix categories
 - Infections of skin and subcutaneous tissue codes

NRS Diagnosis Groups

NRS Diagnosis Group Description	ID
Anal fissure, fistula and abscess	1
Cellulitis and abscess	2
Diabetic ulcers	3
Gangrene	4
Malignant neoplasms of skin	5
Non-pressure and non-stasis ulcers (other than diabetic)	6
Other infections of skin and subcutaneous tissue	7
Post-operative complications	8
Traumatic wounds, burns and post-operative complications	9
Z code, Cystostomy care	10
Z code, Tracheostomy care	11
Z code, Urostomy care	12

NRS Case Mix Categories

- Cancer
- Diabetes Mellitus
- Skin I
- Ortho I
- Skin II
- Tracheostomy
- Urostomy/Cystostomy

OASIS Data Elements Offering NRS Points

OASIS Question	Question Title	Response Number	Point Value
M1030	Therapy at home	1	5
M1322	Stage I Pressure ulcers	1,2,3,4	4-6
M1308	Stages II, III, IV Pressure ulcers	A-D3	14-75
M1332	Stasis ulcers	2,3,4	6-21
M1330	Unobservable stasis ulcers	1,3	9
M1334	Problematic stasis ulcers	1,2,3	6-36
M1342	Status surgical wound	2,3	4,14
M1610	Urinary catheter	2	9
M1620	Bowel incontinence	4,5 (daily or >)	10
M1630	Ostomy	1,2	27-45 + skin + 11-14

Non Routine Supplies

- Diagnoses should be included on any condition in which the agency is supplying NRS
- NRS points are calculated in part from diagnoses in M1021 and M1023 along with selected OASIS data responses
- Episode severity level will be calculated using NRS weight table

NRS Conversion Rate

Severity	Points	Payment 2015	Payment 2016
1	0	\$14.47	\$14.22
2	1 to 14	\$52.27	\$51.35
3	15 to 27	\$143.31	\$140.80
4	28 to 48	\$212.92	\$209.18
5	49 to 98	\$328.33	\$322.57
6	99+	\$564.69	\$554.79

New Regulatory Guidance



Excludes Notes

- The ICD-10-CM has two types of excludes notes. Each type of note has a different definition for use but they are all similar in that they indicate that codes excluded from each other are independent of each other.

Excludes 1

- A type 1 Excludes note is a pure excludes note. It means “NOT CODED HERE!”
- An Excludes 1 note indicates that the code excluded should never be used at the same time as the code above the Excludes 1 note
- An Excludes 1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition

Excludes 2

- A type 2 Excludes note represents “Not included here”
- An Excludes 2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time.
- When an Excludes 2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate

Excludes 1.5?

- We have received several questions regarding the interpretation of Excludes1 notes in ICD-10-CM when the conditions are *unrelated* to one another.
- If the two conditions are not related to one another, it is permissible to report both codes despite the presence of an Excludes1 note.
- For example, the Excludes1 note at code range R40-R46, states that symptoms and signs constituting part of a pattern of mental disorder (F01-F99) cannot be assigned with the R40-R46 codes. However, if dizziness (R42) is not a component of the mental health condition (e.g., dizziness is unrelated to bipolar disorder), then separate codes may be assigned for both dizziness and bipolar disorder.

Excludes 1.5?

- In another example, code range I60-I69 (Cerebrovascular Diseases) has an Excludes1 note for traumatic intracranial hemorrhage (S06.-). Codes in I60-I69 should not be used for a diagnosis of traumatic intracranial hemorrhage. However, if the patient has both a current traumatic intracranial hemorrhage and sequela from a previous stroke, it would be appropriate to assign codes from S06- and I69-.

I60-I69 Cerebrovascular Diseases

- Excludes 1
 - transient cerebral ischemic attacks and related syndromes (G45.-)
 - Traumatic intracranial hemorrhage (S06.-)

Scenario

- The patient fell from his bed and sustained a subdural hematoma with loss of consciousness of less than 10 minutes. Patient states he fell off the toilet and struck his head on the sink. Patient was in observation status for 1 day and has been sent home with elderly mother. Patient history significant for hemiplegia of left nondominant side related to stroke 2 years ago. Care to include observation and assessment and teaching for any change in consciousness, therapy for fall prevention.

Answer

- S06.5x1D Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, subsequent.
- I69.354 Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.
- W18.12xD Fall off toilet with subsequent striking against object
- Z91.81 History of falling

Scenario

- Patient was standing by the bed dressing after her bath when she “felt funny” and her right arm stopped working. She called for help but then fell hitting her head on the footboard, sustaining an epidural hemorrhage. Diagnoses include cerebral infarction with right dominant hemiplegia, malignant hypertension and epidural hemorrhage.

Answer

- I69.351 Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
- S06.4x0 Epidural hemorrhage without loss of consciousness
- I10 Malignant HTN
- W18.09xD Fall with striking against other object

Symptoms and signs involving cognition, perception, emotional state and behavior (R40-R46)

- Excludes 1
 - symptoms and signs constituting part of a pattern of mental disorder (F01-F99)
- Cannot show progression of dementia with the R40-R46 codes

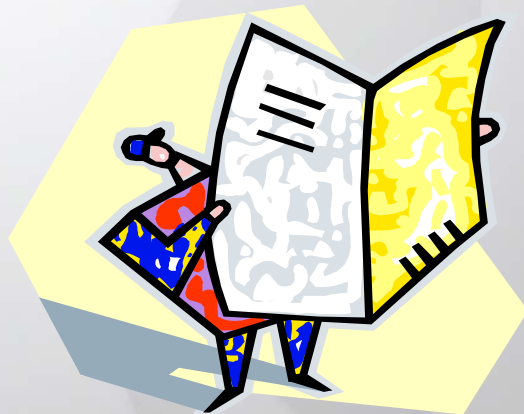
Scenario

- Patient admitted for COPD with comorbid conditions of paranoid schizophrenia, type II diabetes. The patient is complaining of dizziness. The physician states it is unrelated to the schizophrenia and has ordered PT evaluate the dizziness.

Answer

- J44.9 COPD
- E11.9 Diabetes Type II
- F20.0 Paranoid schizophrenia
- R42 Dizziness

2016 PPS Final Rule 7th Character Clarification



7th Character

- Certain ICD-10-CM categories have 7th characters
- The applicable 7th character is required for all codes within the category, or as the notes in the Tabular List instruct
- The 7th character must always be the 7th character in the data field
- If a code that requires a 7th character is not 6 characters, a placeholder “x” must be used to fill in the empty characters

7th Characters

- Chapter 7 - Glaucoma
- Chapter 13 - Gout
- Chapter 13 - Pathological, stress and fatigue fractures
- Chapter 15 - Pregnancy
- Chapter 19 - Injuries
- Chapter 20 - External causes

7th Character

- Based on the 2014 guideline revisions certain initial encounters are appropriate when the patient is receiving active treatment during a home health episode
- It is also possible for home health encounters to be designated as subsequent encounters based on services that are provided during the healing and recovery phase

7th Character

- In determining which diagnosis codes would be appropriate for a HHA to indicate that care is for an initial encounter
- CMS developed list of codes and obtained agreement from the cooperating parties
- The revised translation list was posted November 4, 2015

7th Character

- CMS has made both A and D acceptable as 7th characters for the purposes of case mix diagnoses as of January 1, 2016
- Certain codes from the S and T categories
- No fracture codes
- Some burn codes
- Some open wound codes
- Some complication codes

Chapter 19 Specific Guidance

- While the patient may be seen by a new or different provider over the course of treatment for an injury, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.

Chapter 19

Specific Guidance

- 7th character “A”, initial encounter is used while the patient is receiving active treatment for the condition
- Examples of active treatment are:
 - surgical treatment
 - emergency department encounter evaluation
 - continuing treatment by the same or a different physician

Additional Examples

- Coding Clinic Examples:
 - Antibiotic therapy for postoperative infection
 - Wound vac treatment of wound dehiscence

❖ *Note: There is no Z code for wound vac*

Active Treatment

- Active treatment can be performed in stages – Active treatment may involve multiple episodes of care for fracture/injury or complications of medical/surgical care
- Active treatment may involve more than one physician treating the patient
- Active treatment can include evaluation and treatment by a new physician

Chapter 19 Specific Guidance

- 7th character “D” subsequent encounter is used for encounters after the patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase
- Examples of subsequent care are:
 - cast change or removal
 - x-ray to check healing status of fracture,
 - removal of external or internal fixation device
 - medication adjustment
 - other aftercare
 - follow up visits following treatment of the injury or condition

Additional Examples

- Coding Clinic Examples:
- Rehabilitative therapy encounters (e.g., physical therapy, occupational therapy)
- Suture removal
- Follow-up visits to assess healing status (regardless of whether the follow-up is with the same or a different provider)
- Dressing changes and other aftercare

Official Guideline Revision

- For **complication** codes, active treatment refers to treatment for the condition described by the code, even though it may be related to an earlier precipitating problem.
- For example, code T84.50XA, Infection and inflammatory reaction due to unspecified internal joint prosthesis, initial encounter, is used when active treatment is provided for the infection
- Even though the condition relates to the prosthetic device, implant or graft that was placed at a previous encounter.

7th Character S Examples

- Sequela (Late Effect): Residual effect (condition produced) arising as a direct result of an acute condition
- Scar formation after a burn
- Traumatic arthritis following previous gunshot wound
- Quadriplegia due to spinal cord injury
- Skin contractures due to previous burns
- Auricular chondritis due to previous burns
- Chronic respiratory failure following drug overdose

7th Character

- The assignment of the seventh character should be based on clinical information from the physician and depends on whether
 - The patient is receiving **active** treatment of the condition in which the code describes
 - The patient is receiving **ongoing** care for that condition during the healing and recovery stage.

Example

Active Treatment

- Patient discharged from hospital with an infected hip joint prosthesis. Patient was started on IV antibiotics in the hospital and is being discharged to home health on continued IV antibiotics and dressing changes
- M1021: T84.51XA Infection and inflammatory reaction due to internal right hip prosthesis, initial encounter
- *Note: Continued antibiotic treatment for the infection is considered active treatment*

Example

Active Treatment

- Patient admitted for wound care with wound vac to deep right lower quadrant stab wound of the abdomen extending into peritoneal cavity.
- M1021: S31.613A Laceration without foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter
- *Note: Wound vac is considered active treatment*

Example

Subsequent Treatment

- Patient discharged from hospital with an infected hip joint prosthesis. Patient no longer receiving IV antibiotics and is being discharged to home health for O&A and PT.
- M1021: T84.51XD Infection and inflammatory reaction due to internal right hip prosthesis, initial encounter
- *Note: Ongoing treatment in the healing and recovery phase is considered subsequent treatment*

Example

Subsequent Treatment

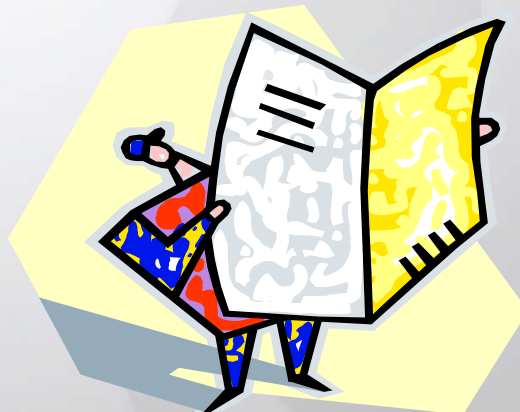
- Patient admitted to home health for physical therapy related to status post repair of left hip fracture with routine healing. There are no post-op complications.
- M1021: S72.002D Fracture of unspecified part of neck of left femur, subsequent encounter for closed fracture with routine healing
- *Note: Received and completed active treatment*
- *Note: New patient to home health agency has no bearing on 7th character assignment*

Remember !

Each Encounter Stands Alone

- Documentation for current encounter
 - Diagnoses current and relevant
 - Key to code selection is based on active treatment
- Documentation from previous encounter –
May NOT be used to determine 7th character
 - Just because the previous episode was coded with an A in 7th character, does not necessarily mean the same 7th character will be used this time
- Key to code selection is based on active treatment

Other Clarifications



Diabetes Mellitus

E10 Example

- Type I insulin dependent diabetic admitted for management of chronic osteomyelitis of the left foot due to the diabetes. Physician ordered IV antibiotics daily x 6 weeks.

Diabetes Mellitus

E10 Answer

- M1021: E10.69 Type 1 diabetes mellitus with other specified complication
- M1023: M86.672 Other chronic osteomyelitis of the left ankle and foot
- M1023: Z45.2 Encounter for adjustment and management of vascular access device
- M1023: Z79.2 Long term (current) use of antibiotics

Note: “use an additional code to identify complication”

Diabetes Mellitus E08 Example

- Patient admitted for management of diabetes due to cystic fibrosis. The diabetes has caused gastroparesis. The focus of care is the diabetes. Patient takes insulin.

Diabetes Mellitus E08 Answer

- M1021: E84.8 Cystic fibrosis with other manifestations
 - M1023: E08.43 Diabetes mellitus due to underlying condition with diabetic autonomic (poly) neuropathy
 - M1023: K31.84 Gastroparesis
 - M1023: Z79.4 Long term current use insulin
-
- *Note: sequencing instruction at E08 to “code first underlying condition”*
 - *Note: sequencing instruction at K31.84 to code first the reason for the gastroparesis*

Parkinson's Vs. Parkinsonism

- Parkinson's is a disease that includes abnormal dopaminergic activity, creating abnormal movements and other neurologic defects
- Parkinsonism includes a collection of disorders causing Parkinsonian symptoms such as movement disorders, gait issues, and stiffness.

Lewy Body Disease

- Lewy body disease or dementia is the most common form of Parkinsonism and involves abnormal protein deposits that disrupt the brain's normal functioning
- The proteins are found in an area of the brain stem that depletes the neurotransmitter dopamine causing disruption of perception, thinking and behavior

Lewy Body Disease

- Affects an estimated 1.4 million individuals in the United States
- Third most common cause of dementia after Alzheimer's disease and vascular dementia
- Parkinson's and Parkinsonism have different etiologies with unique code categories in the classification system

Looking Up Parkinson's

- Alpha listing
 - - Disease
 - - Parkinson's: G20
- *Note: Looking up Parkinson's first, is confusing and can lead to the wrong code*

Parkinson's with Dementia

- Not all Parkinson's patients have dementia
- If dementia is present you are required to add a code to describe the dementia
- There is no instructional note at G20 instructing to use an additional code to describe the dementia
- The instruction is at the manifestation code (F02)
- *Note: Code first the underlying physiological condition*
- *Note: Use an additional code, if applicable, to identify wandering (Z91.83)*

Looking up Lewy Body Disease

- Alpha listing
- - Parkinsonism
- - dementia: G31.83
- - with or without behavioral disturbance
- *Note: looking up Lewy body disease or dementia does not provide the manifestation convention*
- *Note: Excludes 1 note conflict at F02*

Example

- Patient admitted for Parkinson's disease and newly diagnosed dementia related to the Parkinson's. The patient has recently begun to have wandering episodes.
- G20 Parkinson's disease
- F02.81 Dementia with behavioral disturbance
- Z91.83 Wandering in diseases classified elsewhere

Example

- Patient admitted for Lewy Body Dementia. The patient has recently begun to have wandering episodes.
- G31.83 Dementia with Lewy bodies
- F02.81 Dementia with behavioral disturbance
- Z91.83 Wandering in diseases classified elsewhere

Stasis Ulcer Example

- Patient admitted for wound care to a stasis ulcer of the right calf, muscle exposed without necrosis due to post-thrombotic syndrome.

Answer

- M1021: I87.011 Post-thrombotic syndrome with ulcer right lower extremity
- M1023: L97.212 Non pressure chronic ulcer of right calf with fat layer exposed

Heart Failure and Pleural Effusion

- Patient admitted with chronic systolic heart failure and pleural effusion. Treatment is for the heart failure
- I50.22 chronic systolic heart failure

Heart Failure and Pleural Effusion

- Patient admitted with chronic systolic heart failure and pleural effusion. The effusion is being treated with a chest tube.
- I50.22 chronic systolic heart failure
- J91.8 Pleural effusion

Take Away Points

- Nominal case mix continues to grow
- 7th character clarification includes “A” for initial episodes in some circumstances
- Regulatory guidance continues to evolve
- Transition to ICD-10 highlights documentation deficits

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