HCS-D Exam Update

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Objectives

- Discuss appropriate use of 7th character 'A'

- Discuss new Excludes 1 note guidance

- Discuss HCS-D exam regulatory update

- Discuss timeline for updated exam

- Discuss exam completion time

Excludes Notes

Excludes 1:

- An excludes 1 note is a pure excl[...] CODED HERE"

> Excludes one—choose one.

- Indicates the code excluded should never be used at the same time as the code above the Excludes 1 notes.

- Is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition

Excludes 2

> Excludes 2—Have both? Code both.

- An excludes 2 note represents [...]

- Indicates the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time

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Excludes1

"Excludes1.5"

- We have received several questions regarding the interpretation of Excludes1 notes in ICD-10-CM when the conditions are *unrelated* to one another.

- Answer: 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.

- 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-.

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I60-I69 Cerebrovascular Diseases

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

- SAH   SDH   CHI   (All found in S06.-)
- NOT the same as CVA (these are not the same as I69.3- Sequelae of cerebral infarction)

Scenario

- The patient fell from his bed and sustained a SDH with loss of consciousness of less than 10 minutes. Patient states that he was in a hurry to get to the restroom and thought he could make it without his quad cane. Patient was in observation status for 2 days and has been sent home with elderly mother. Patient history significant for hemiplegia of left nondominant side related to stroke 3 years ago. Care to include observation and assessment and teaching for any change in consciousness, therapy for fall prevention.

- S06.5x1D Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, subsequent. (Could argue A)

- I69.354 Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.

- Z91.81 History of falling

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Scenario

- Patient was drying off 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 bathtub, sustaining an epidural hemorrhage. Diagnoses include cerebral infarction with right dominant hemiplegia, malignant hypertension and epidural hemorrhage.

- I69.351 Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side+0.

- S06.4x0 Epidural hemorrhage without loss of consciousness.

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

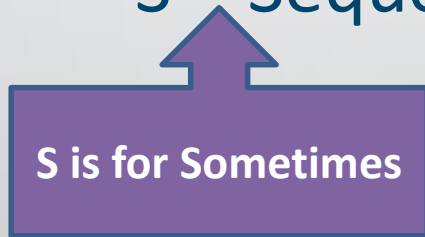# APPLICATION OF 7TH CHARACTER A

Things to Remember

- 7th character is not used in all ICD-10-CM chapters – Used in Musculoskeletal, Obstetrics, Injuries, External Causes chapters

  – Glaucoma, Gout and Coma

- Different meaning depending on section where it is being used (Go up to the box)

- Must always be used in the 7th character position

- When 7th character applies, codes missing 7th character are invalid
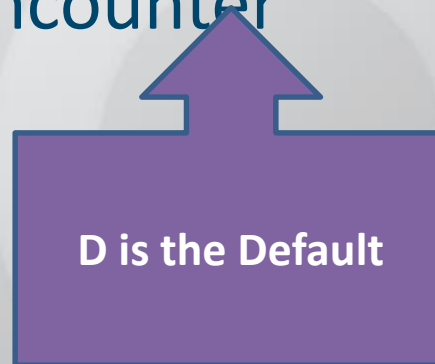
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Application of 7th Characters in Chapter 19

- Most, BUT NOT ALL, categories in chapter 19 have a 7th character requirement for each applicable code.

- No aftercare code for injuries

- A = Initial encounter

- D = Subsequent encounter

- S = Sequela

A for Awful or Active

S is for Sometimes

D is the Default

Update

- Different 7th characters for fractures

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Chapter 19 Guideline A vs D

- 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.

- Whether or not the patient is still receiving active treatment is key

- A = Initial encounter

Disregard "initial"

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Chapter 19 Guideline A vs D

- 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.

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7th Character A

- 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, and evaluation and continuing treatment by the same or a different physician

Additional examples of "initial" encounter (examples of active treatment)

- Antibiotic therapy for postoperative infection
- Wound vac treatment of wound dehiscence
  - Side note: NO Z code for wound vac!!!

7ᵗʰ Character D

- 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, an x-ray to check healing status of fracture, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.

- Home health is typically "aftercare"

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7ᵗʰ Character D 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

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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

Complications of Injury Treatment

- Care for complications of surgical treatment of injuries during the healing or recovery phase should be coded with the appropriate complication codes.

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Each encounter (episode) 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

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Applying the 7th Character for Continued Treatment in Other Care Settings

- Home health care may be provided post acute care discharge

- Involves a wide range of health care services for illness or injury

  - Wound care for pressure sores or surgical wounds

  - Patient and caregiver education

  - Intravenous or nutrition therapy

  - Monitoring serious illness and unstable health status

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Applying the 7th Character for Continued Treatment in Other Care Settings

- The key to selecting the 7th character "A" initial encounter is whether active treatment is being rendered.

- 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

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Home Health Care Examples

- Home health care services for continuation of IV antibiotics Use 7th character A

- Home care for routine dressing changes and care of healing wound
  - Postoperative wound infection previously treated in acute care hospitalization
  - No longer receiving antibiotics – T81.4XXD Infection following a procedure, subsequent encounter
  - No longer receiving active treatment
  - Now receiving routine care during healing and recovery phase

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Home Health Care Examples

- Home care treatment with wound VAC dressing changes

- Deep right lower quadrant stab wound of the abdomen extending into peritoneal cavity

- S31.613A   Laceration without foreign body of abdominal wall, right lower quadrant with penetration into peritoneal cavity, initial encounter

  – Wound VAC is considered active treatment

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What we know now…

- CMS has made both A and D acceptable as 7th characters for the purposes of case mix diagnoses as of January 1.

- Exam implications
  - Should the 7th character be A or D?
  - 7th character for fractures is D, except in the case of malunions, nonunions, etc.

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Certification Exam

Updated Exam Publication

- The current exam will retire 1-11-16

- The updated exam will be published 1-11-16

- If registered for exam prior to 1-11-16 but sit for the exam on or after 1-11-16, it will be the updated exam

- Any retakes scheduled on or after 1-11-16 will be the updated exam

Competency Areas

- Assign diagnosis codes: 65%

- Collect Patient documentation: 10%

- Collaboration with clinician: 10%

- Legal and ethical manner: 15%

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Collect Patient Documentation

- Coder collects the OASIS assessment, physician H&P, medication record, F2F documentation and the hospital discharge summary.

- Which of these is the least important in the coding process?

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Collaboration with Clinician

- The OASIS assessment has the pressure ulcer section completed indicating the patient has a stage 3 pressure ulcer. The narrative states the patient has a stage 3 diabetic ulcer. In speaking with the nurse, she says, it's a diabetic ulcer, code it as such.

- What should the coder do?

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Legal and Ethics

- Administrator says to you, the coder, reimbursement is down last quarter and they have determined it is because of your coding. From now on, the administrator says, you should always code HTN as a combination code to capture the clinical points

- What should the coder do?

ICD-10 Exam

ICD-10-CM Examination

➢80 multiple choice questions

➢3.5 hours allotted time

➢Minimum passing score 74%

➢Passing score may change annually due to psychometric analysis of updated exam

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Allowable Resources

- Electronic code look-up systems are **NOT** allowed in the testing room. A hard copy coding manual is the **only** allowable resource.

- The manual may have affixed tabular section dividers (A through Z) Alphabetical section dividers, Post-It notes, loose papers or any other papers attached by any means are **NOT** allowed

- Annotations written on the coding manual pages including the notes pages at the back of the manual are allowed

- Manual must be free of any notes containing rules and guidelines from other reference materials (Coding Clinic, ICD-10-CM Coding Answers, and similar materials)

- The proctor reserves the right to deny code books that contain excessive writing and information that may give the candidate an unfair advantage.

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Sample Score Report

Left Side	Right Side
Date 1-11-16	Score: 59
Name: Jane Doe	Status: Pass
Site: North Roanoke	
Candidate ID: 123456	

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Sample Score Report

Content Area	% Correct
Patient Documentation	65%
Assign Diagnosis codes	75%
Collaboration with clinician	85%
Legal and ethical manner	100%

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Certification Maintenance

- Obtain the required number of CEUs during your recertification cycle.

- Complete your mandatory annual coding self-reviews (self-assessment).

- Participate in accepted and qualified CEU activities.

- Report your CEUs on time.

- Document your CEU activity for auditing.

- Ensure your recertification fee is paid.

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Certification Maintenence

- (20) CEU's must be earned within your recertification cycle:
- ➢ 10 (CEU's) from on-line self assessments
- ➢ 10 (CEU's) from other educational activities
  - 80% directly relevant to the HCS-D credential
  - 20% may be indirectly relevant to the HCS-D credential

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Recertification Cycle

- The recertification cycle begins the day after the HCS-D credential is awarded and is active for one calendar year

- There are 3 important dates to remember as an HCS-D credential holder

- 1.) Your original certification date, the date you passed your initial exam

- 2.) Your anniversary date, which denotes the beginning of your 12 month cycle

- 3.) Your expiration date, which denotes the end of your current 12 month cycle. It is important that all annual CEUs occur between the anniversary date and the expiration date.

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Example

Your Credential	Certification Date (as listed on your BMSC Certificate and CEU Tracker)	Recertification Cycle – Year 1	Recertification cycle – Year 2
HCS-D	3-15-13	3-16-13 through 3-15-14	3-16-14 through 3-15-15

Example

- Your original certification date is 3-15-13

- Your anniversary date is 3-16-13

- Your expiration date is 3-15-14.

- Your CEUs must be earned for that 12 month cycle between 3-16-13 (anniversary date) through 3-15-14 (expiration date)

- The next year, your anniversary date is 3-16-14. Your expiration date is 3-15-15, so all your CEUs for that 12 month reporting cycle must be earned between 3-16-14 (anniversary date) and 3-15-15 (expiration date).

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New Credential

HCS-H Hospice Examination

➢ 75 multiple choice questions

➢ 3.0 hours allotted time

➢ Minimum passing score 75%

➢ Passing score may change annually due to psychometric analysis of updated exam

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Study Guides

- HCS-D Home Care Specialist-Diagnosis Study Guide with the 7th character update will be published 1-18-16

- Quick order link: https://store.decisionhealth.com/QuickOrder.aspx?PromotionCode=HSD16700

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Study Guides

- HCS-H Home Care Coding Specialist – Hospice Study Guide will be published 1-15-16

- Quick order link:

- https://store.decisionhealth.com/QuickOrder.aspx?PromotionCode=HSH16700

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Take Away Points

- 'A' is appropriate as a 7th character in certain circumstances

- Codes listed in an Excludes 1 note may be listed if unrelated

- HCS-D exam time frame has increased 30 min.

- Study guide will be re-published with updates

- A link for the handouts will be emailed shortly

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