

# *Facility Specific ICD-9-CM Coding Guidelines*

**Audio Seminar/Webinar**  
*October 30, 2008*

***Practical Tools for Seminar Learning***

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## Faculty

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### **Linda Schwab, RHIT**

Linda Schwab is manager of coding operations with The Coding Group, a division of Integrated Revenue Management, Inc. Ms Schwab has over 25 years of experience in HIM including roles as assistant director of HIM inpatient, coding manager, and DRG and facility coding auditor. She has also written articles on coding-related topics.

### **Angela D. Comfort, RHIT, CCS**

Angela D. Comfort is director of corporate coding services for Community Health Systems in Franklin, TN. Ms. Comfort has over 15 years of experience in HIM, including roles as HIM director for a military hospital and consultant for a small rural hospital. She is also a frequent speaker on annual IPPS and OOPS updates, remote coding practices, and various coding issues.

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***Objectives***

- ♦ **Discuss the importance of developing facility specific coding guidelines**
  - Compliance
  - Payers
  - Coding quality
- ♦ **Define requirements for coding guidelines**

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***Objectives***

- ♦ **Review the ICD-9-CM Official Guidelines for Coding and Reporting and provide examples of situations when facility specific guidelines are appropriate to develop**
- ♦ **Provide best practices on how HIM professionals can work with their medical staff and compliance officer to promote complete documentation needed for accurate code assignment**

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## ***Importance of Facility Specific Coding Guidelines***

- ♦ **Compliance**
  - Documentation of standard coding practices
  - Consistent with ICD-9-CM Official Guidelines for Coding and Reporting
  - Facility wide approval
  - Uniform physician query process

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## ***Importance of Facility Specific Coding Guidelines***

- ♦ **Payer**
  - Documentation of payer specific instructions
  - Smooth and efficient billing process
  - Supportive information for coding practices easily available to auditors



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## ***Importance of Facility Specific Coding Guidelines***

- ♦ **Coding quality**
  - **No “guessing”**
  - **Increased inter-rater reliability**
  - **Positive impact on coder productivity**
  - **Increased accuracy and usefulness of coded data**



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## ***Requirements for Guidelines***

- ♦ **Facility specific guidelines must be**
  - **Consistent with ethical coding practices**
  - **Consistent with official guidelines**
  - **Documented**
  - **Easily accessible**
  - **Well researched**
  - **Approved**
  - **Updated on a regular basis**

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## ***Requirements for Guidelines***

- ◆ **Review Standards of Ethical Coding**
  - New version approved by AHIMA House of Delegates (see Appendix A)
  - Passed following electronic vote September 15-26, 2008
  - Now available on AHIMA Web site

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## ***Requirements for Guidelines***

- ◆ **Review up-to-date version of Official Guidelines**
  - Effective October 1, 2008 -  
<http://www.cdc.gov/nchs/datawh/ftpserver/ftpICD9/icdguide08.pdf>
  - Official Guidelines are updated annually

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***Requirements for Guidelines***

- ◆ **Review AHA Coding Clinic references**
  - **Coding Clinic is published quarterly**
  - **Existing Coding Clinics cover**
    - **Reporting ICD-9-CM procedure codes for outpatient (2008 1Q)**
    - **Coding from physician orders (2005 3Q)**
    - **Mid level provider and resident documentation (2004 4Q and 2008 3Q)**
      - Define which providers are legally accountable for establishing a diagnosis

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***Requirements for Guidelines***

- ◆ **Document the guidelines**
  - **Computerized**
  - **Consistent location**
  - **Convenient and easily retrievable for users**
- ◆ **Research clinical and coding background**
  - **Support rationale for new guidelines**

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## ***Requirements for Guidelines***

- ◆ **Follow consistent approval process**
  - Compliance office
  - Patient financial services
  - Hospital coding policies and procedures

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## ***Requirements for Guidelines***

- ◆ **Update guidelines regularly**
  - Review quarterly
    - Coding Clinic
  - Review annually
    - IPPS and OPPS updates
    - Updated Official Coding Guidelines

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## ***Departments Involved***

- ♦ **When developing facility specific coding guidelines, consider what departments/individuals this will impact:**
  - HIM Coding
  - Business Office
  - Compliance
  - Admitting/Registration
  - Ancillary Departments/Directors
  - Emergency Room
  - Hospital Based Clinics
  - Administration
  - Physicians

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## ***Compliance Examples***

- ♦ **Physician query process**
  - Identify when queries are appropriate
  - Define method of querying
  - Provide requirements for content of queries
  - Ensure efficient process for physicians and coders

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## *Compliance Examples*

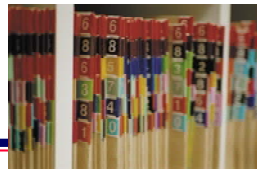
### ◆ Physician query process

#### • Example

- Coder may query when documentation is not:
  - Legible
  - Complete
  - Clear
  - Consistent
  - Precise

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## *Compliance Examples*

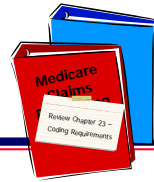


### ◆ Define components of facility's legal medical record

- Identify documents
- Describe location of documents (electronic systems, paper record)
- Define scope of coders' access to documentation

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## *Payer Examples*



- ◆ **Review Medicare Claims Processing Manual**
  - **Chapter 23 addresses coding requirements**
  - **Check existing guidelines in the Manual**
    - **ICD-9-CM diagnosis codes**
      - Instructions for coding symptoms vs. definitive diagnosis for outpatient visits
    - **ICD-9-CM procedure codes**

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## *Payer Examples*

- **Signs and symptoms**
  - If diagnostic test does not result in a diagnosis or is normal, report signs or symptoms that prompted the study
- **Instructions to determine reason for the test**
  - Written vs. faxed vs. e-mailed orders
  - No diagnostic information present on the order and referring physician is unavailable
- **Diagnosis preceded by words that indicate uncertainty**

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## *Payer Examples*

- **Incidental findings**
  - Do not report as first-listed diagnosis
- **HCPCS and CPT-4 codes**
- **Modifiers**
- **Website for Medicare Claims Processing Manual, Chapter 23 -**  
<http://www.cms.hhs.gov/manuals/downloads/clm104c23.pdf>

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## *Payer Examples*

- ♦ **Payer-specific requirements**
  - **Confirm with payer – get this in writing**
  - **Educate payer about Official Guidelines**
  - **Confirm with Patient Financial Services**
  - **Make sure coders are made aware of the payers requirements and any changes**
  - **Develop procedures on how coding conflicts are addressed – coding clinic vs. payer requirement**

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***Coding Quality Examples***

- ♦ **Define reporting requirements specific to the facility or local agencies**
  - **Example**
    - **Define which procedure codes between 87.01 and 99.98 should be reported**
      - Impact on MS-DRGs and APR DRGs
      - Need for internal tracking

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***Coding Quality Examples***

- ♦ **Define reporting requirements specific to the facility or local agencies**
  - **Example**
    - **Define reporting of E codes**
      - Place of occurrence E codes
      - Number of E codes to report
      - Sequencing of E codes
      - Impact on external agency edits

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***Coding Quality Examples***

**♦ Define reporting requirements specific to the facility or local agencies**

**• Example**

- Number of codes reported**
  - System limitations
  - Impact on severity reporting
  - Future considerations

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***Coding Quality Examples***

**♦ List documentation that must be present at time of coding**

- Discharge summary – if required by your facility**
- Operative reports**
- Pathology reports**
- Other physician dictated reports**

**♦ Length of time coder will wait for specific documents and queries to be answered**

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## ***Coding Quality Examples***

- ♦ **Define when unspecified codes are unacceptable**
  - **707.20**, Pressure ulcer, stage unspecified (new code for FY2009)
  - **829.1**, Fracture of unspecified bone, open
  - Unspecified CPT codes – which payers want OP notes up front

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## ***Coding Quality Examples***

- ♦ **Define criteria for reporting of conditions when relevant existing guidelines are vague**
  - Review current ICD-9-CM Official Guidelines for Coding and Reporting
  - Review related references in Coding Clinic
  - Understand internal needs of the organization

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## *Coding Quality Examples*

### ♦ Example

- Define when to report **305.1**, Tobacco use disorder (tobacco dependence)
  - What constitutes a “disorder” or “dependence?”
  - What documentation is required for reporting?
  - Does your guideline meet requirements for Reporting Additional Diagnoses as defined in the ICD-9-CM Official Guidelines?

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## *Coding Quality Examples*

### ♦ Example (cont.)

- What criteria is required for quality measure reporting?
- Should coding criteria match quality measure criteria?

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## ***Coding Quality Examples***

- ♦ **Define policy and procedure for reporting Present on Admission (POA) Indicators**
  - Review current ICD-9-CM Official Guidelines for Coding and Reporting specific to POA
  - Identify when queries to the physician are appropriate
  - Update existing coding policies and procedures to address new POA requirements

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## ***ICD-9-CM Official Guidelines for Coding and Reporting***

- ♦ **Research current version of Official Guidelines**
  - Existing guidelines must be followed
  - May expand on certain guidelines
    - **Example: Section B.8. Conditions that are not an integral part of a disease process**
      - Define conditions and whether they are an integral part of a disease process – refer to clinicians for definitions
      - For example, chest pain – is this an integral part of esophagitis and should it be reported when esophagitis is present?

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## ***ICD-9-CM Official Guidelines for Coding and Reporting***

- ◆ **Review Appendix I - POA Reporting Guidelines**
  - Existing guidelines must be followed
  - Check list of codes exempt from POA requirement
  - Clarify documentation that can be used to support POA assignment
  - Clarify querying policy when POA status is unclear

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## ***ICD-9-CM Official Guidelines for Coding and Reporting***

- ◆ **Example of facility POA guideline:**
  - Query the physician when positive test findings are documented at admission but not addressed by the provider until later in the visit
    - E.g., Low hematocrit and hemoglobin are shown on admitting lab reports; physician documents acute blood loss anemia for the first time on day 2 of the visit. Query the physician regarding POA status of acute blood loss anemia.

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## ***Roadblocks to High Quality Coding***

- ◆ **Insufficient or late documentation**
- ◆ **Coder productivity standards**
- ◆ **Lack of tools**
- ◆ **Lack of training**
- ◆ **No support from administration when dealing with physicians**

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## ***Guidelines Overcome Roadblocks***

- ◆ **Documentation problems**
  - **Facility expectations are defined**
  - **Compliance with deadlines is enforced**
- ◆ **Coder productivity standards**
  - **Coding is more efficient**
  - **Coder satisfaction is improved**
  - **Coder confidence is increased**

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## ***Guidelines Overcome Roadblocks***

- ♦ **Lack of tools**
  - Guidelines provide a resource
  - Guidelines reduce “guessing” and inconsistency
- ♦ **Lack of training**
  - All guidelines are reviewed with coders
  - Guidelines “fill in the blanks” in gray areas

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## ***Guidelines Overcome Roadblocks***

- ♦ **No support from administration when dealing with physicians**
  - Guidelines show physicians and administration what the coders need in order to provide complete and accurate coding

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## ***Where do I begin? – Phase 1***

- ♦ **Set up a meeting with your Business Office and Compliance Directors**
  - **Include your lead coder to help determine what payers require specific coding that go against the Official Coding Guidelines**
  - **Develop policies and procedures for patient types – IP and all OP**
    - **Cover all bases when you are in the development phase**
      - purpose,
      - defining terms in your policy
      - have a well thought out procedure that is easy to read and understand and easily accessible

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## ***Next Steps – Phase 2***

- ♦ **Achieve the “buy-in” of other departments**
  - **Better physician documentation = less time spent calling them for medical necessity issues on the front line – Admitting/Registration**
  - **Ancillary departments will no longer need to make patients wait until they receive a “corrected” order for their tests**
  - **Administration needs to give support to the individuals in the facility who will be training the physicians on accurate documentation, which results in accurate coding**

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### ***Next Steps – Phase 3***

- ♦ **Coder training**
  - Present the facility guidelines to the coders in an educational setting
  - The guidelines provide them the tools needed to make their coding compliant
  - Remind them that coding is not just black and white, these guidelines will help during the “gray” coding
  - Ensure that coders have easy access to the guidelines

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### ***Final Phase***

- ♦ **Have a roll-out “party” for the departments impacted by the facility guidelines policy**
  - Let them know the importance of the guidelines and when they will go into effect, so they will all be prepared.
  - Send out education flyers to the physicians about complete documentation

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## ***Tracking Progress***

- ◆ **How many requests from the Business Office for modifiers, OP reports, etc?**
  - How is the morale of your staff that had to deal with these requests on a daily basis?
- ◆ **How often does Admitting call the coders for more specific codes to meet medical necessity?**
  - Less calls = more coding
- ◆ **Was there a decrease in queries for certain diagnoses after physician training?**
  - Queries will always be around but less is best.
- ◆ **Has your coder productivity picked up since the launch of the guidelines?**
  - A productive coder is a happy coder.

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## ***Follow-Up***

- ◆ **Define process for updating facility guidelines**
  - Who will be responsible?
  - When should guidelines be reviewed?
  - What will the review process entail?
  - How will changes be distributed?

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## Resource/Reference List

- ♦ Journal of AHIMA, October 2008, pg. 83-88
  - Practice Brief, Managing an Effective Query Process
- ♦ AHIMA, Health Information Management Compliance: Guidelines for Preventing Fraud and Abuse, Fourth Edition, Sue Bowman, RHIA, CCS.
  - Chapter 3, Policies and Procedures
- ♦ Official Guidelines for Coding and Reporting ICD-9-CM effective October 1, 2008  
<http://www.cdc.gov/nchs/dataawh/ftpserv/ftplCD9/icdguide08.pdf>
- ♦ AHIMA Body of Knowledge, FORE Library
  - Collecting Root Cause to Improve Coding Quality Measurement
- ♦ AHIMA House of Delegates. "AHIMA Standards of Ethical Coding." (September 2008).  
[http://library.ahima.org/xpedio/groups/public/documents/ahima/bok2\\_001166.hcsp?dDocName=bok2\\_001166](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok2_001166.hcsp?dDocName=bok2_001166)

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**November 6, 2008**

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# Appendix

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## Appendix

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### Resource/Reference List

<http://www.cdc.gov/nchs/dataawh/ftpserv/ftpICD9/icdguide08.pdf>

[http://library.ahima.org/xpedio/groups/public/documents/ahima/bok2\\_001166.hcsp?dDocName=bok2\\_001166](http://library.ahima.org/xpedio/groups/public/documents/ahima/bok2_001166.hcsp?dDocName=bok2_001166)



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