



TO: Registrants of the November 20, 2008 Coding Clinic Update Audio Seminar

DATE: February 4, 2009

Thank you for registering for the AHIMA Coding Clinic Update Audio Seminar presented on November 20, 2008 by Maria Alizondo, RHIT and Kristi Stanton, RHIT, CCS, CPC.

AHIMA is providing this post-seminar notice to convey adherence **to the FY 2009 Final Addenda ICD-9-CM Volume 3, Procedures which became effective October 1, 2008**. Please distribute this document to your staff who attended this seminar in order to provide the most up-to-date information regarding this topic.

Prior to the October 1, 2008 ICD-9-CM procedure code revisions, BiPAP and CPAP delivered or administered via a tracheostomy were assigned to code 93.90, Continuous positive airway pressure [CPAP].

The revisions made to the code titles and instructional notes for ICD-9-CM procedure codes 93.90 and category 96.7 supersedes the *AHA Coding Clinic® for ICD-9-CM, 1Q 2008, Volume 25, Number 1, Pages 8-9* coding advice presented during the seminar.

The ICD-9-CM Tabular List revisions for Invasive and Noninvasive Mechanical Ventilation are summarized below.

93.90, Non-invasive mechanical ventilation

Mechanical ventilation is classified as non-invasive (93.90) when:

Delivered via a non-invasive interface such as a face mask, nasal mask, nasal pillow, oral mouthpiece or oronasal mask or without an endotracheal tube or tracheostomy.

Types of respiratory assistance considered non-invasive mechanical ventilation include:

- Bi-level airway pressure
- Bi-level positive airway pressure (BiPAP),
- Continuous positive airway pressure (CPAP),
- Mechanical ventilation not otherwise specified
- Non-invasive positive pressure ventilation (NIPPV)
- Non-invasive PPV
- Nonpositive pressure ventilation (NPPV)

Note: Patients admitted on non-invasive mechanical ventilation that subsequently require invasive mechanical ventilation; code both types of mechanical ventilation.

96.7, Other continuous invasive mechanical ventilation

Inclusion terms indicate that this category is for mechanical ventilation delivered through an invasive interface.

Types of invasive mechanical ventilation include:

BiPAP delivered through endotracheal tube or tracheostomy (invasive interface)

CPAP delivered through endotracheal tube or tracheostomy (invasive interface)

Endotracheal respiratory assistance

Invasive positive pressure ventilation [IPPV]

Mechanical ventilation through invasive interface

That by tracheostomy

Weaning of an intubated (endotracheal tube) patient

Code also any associated:

Endotracheal tube insertion (96.04)

Tracheostomy (31.1-31.29)

Codes listed under this category:

96.70 Continuous invasive mechanical ventilation of unspecified duration

96.71 Continuous invasive mechanical ventilation for less than 96 consecutive hours

96.72 Continuous invasive mechanical ventilation for 96 consecutive hours or more

The FY 2009 Final Addenda ICD-9-CM Volume 3, Procedures can be viewed at:

http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/Downloads/ICD9_FinalAddendaFY2009.pdf

If you have any questions about this notice we invite you to e-mail us at audio.seminars@ahima.org and we will be happy to assist you.

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Coding Clinic Update

Audio Seminar/Webinar

November 20, 2008

Practical Tools for Seminar Learning

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Faculty

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Kristi Stanton, RHIT, CCS, CPC

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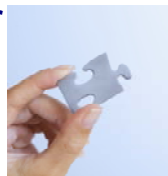
Objectives

- ◆ Identify the official source for ICD-9-CM diagnosis and procedural coding
- ◆ Review recent coding advice contained in *Coding Clinic*
- ◆ Apply information from *Coding Clinic* to case scenarios

1

Coding Clinic Does Not Establish Clinical Criteria

- ◆ Clinical information in *Coding Clinic*
 - Provided for informational and educational purposes only
 - Does not provide the basis for coders to “diagnose the patient”
 - May be useful in providing documentation “ammunition” for developing physician queries



2

Application of Diagnostic Principles from Coding Clinic

- ◆ The only official publication for ICD-9-CM coding guidelines and advice as designated by the four Cooperating Parties for ICD-9-CM: AHA, AHIMA, CMS, NCHS
- ◆ Quarterly newsletter
- ◆ Content developed and approved by the Editorial Advisory Board

3

Coding Clinic Provides



- ◆ Official coding advice and official coding guidelines
- ◆ Correct code assignments for new technologies and newly identified diseases
- ◆ Articles and topic which will offer practical information and improve data quality
- ◆ A conduit for the dissemination of coding changes and/or corrections
- ◆ Also available in CD-ROM format, including nearly 20 years of previous advice

4

The ICD-9-CM Official Guidelines for Coding and Reporting

- ♦ Developed to provide assistance in coding and reporting in situations where the ICD-9-CM manual does not provide direction
 - Last updates effective October 1, 2008
 - National Center for Health Statistics (NCHS) www.cdc.gov/nchs/icd9.htm
- ♦ Coding and sequencing instructions in ICD-9-CM manual take precedence

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The ICD-9-CM Official Guidelines for Coding and Reporting

- ♦ “Official” because they have been approved by the Cooperating Parties (AHA, AHIMA, CMS, NCHS)
- ♦ The guidelines were named along with the major code sets in the HIPAA final rule (coding and transactions) *August 17, 2000 FR*

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ICD-9-CM Coordination and Maintenance Committee

- ◆ The Coordination and Maintenance Committee for ICD-9-CM code development meets twice annually.
- ◆ Meetings serve as a public forum to discuss proposed code changes.
- ◆ The next meeting is scheduled for March 11-12, 2009
- ◆ Location: CMS Auditorium;
7500 Security Boulevard;
Baltimore, MD



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ICD-9-CM Official Coding Guidelines

- ◆ "These guidelines should be used as a companion document to the official version of the ICD-9-CM as published on CD-ROM by the U.S. Government Printing Office (GPO)."
- ◆ "These guidelines are a set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-9-CM itself."

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Excisional Debridement

- ◆ **Definition per previous Coding Clinic articles**
 - Removal of tissue extending beyond the wound margin
 - Some reviewers are applying this definition even when physician documents “excisional debridement”

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Excisional Debridement

- ◆ **Clarification**
 - Clinical information in Coding Clinic is informational only
 - Documentation of excisional debridement should be specific
 - Site and location
 - Depth
 - Removal of devitalized tissue
 - Tools used for tissue removed

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Excisional Debridement

♦ Beware of depth

- Skin and subcutaneous
 - **86.22** – excisional
 - **86.27** – nail/nail bed
 - **86.28** – non-excisional/unspecified
 - **86.75** – skin graft
- Muscle
 - **82.36** – hand
 - **83.45** – sites other than hand
- Tendon – **83.39**
- Bone (not involving fracture) – **77.60**

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I & D Followed by Debridement

♦ If debridement procedure is more extensive than I & D, code debridement only

- Example: a leg abscess was incised and drained followed by excisional debridement of the skin
 - **86.22** Excisional debridement

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I & D Followed by Debridement

- ♦ If debridement procedure is less extensive than I&D, code I&D only
 - Example: an abdominal wall abscess was incised, drained, and debrided
 - **54.0** Incision of abdominal wall

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Polling Question #1



- ♦ Does your facility have a policy stating the documentation requirements for excisional debridement?
 - * **1** Yes
 - * **2** No

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C-Pap through Tracheostomy

- ◆ Patient is admitted to an LTC hospital from acute care with persistent respiratory failure following traumatic quadriplegia after being involved in a motor vehicle accident.
- ◆ Patient is being maintained on continuous positive airway pressure [CPAP] via tracheostomy.

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C-Pap through Tracheostomy

- ◆ Since the patient is receiving CPAP via his trach would this be considered mechanical ventilation?

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C-Pap through Tracheostomy

- ◆ Assign code ...
 - **93.90**
 - Continuous positive airway pressure [CPAP], for the CPAP delivered via tracheostomy.

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Bi-Pap through Tracheostomy

- ◆ A patient is admitted for further management of respiratory failure and other chronic and acute conditions following bio-prosthetic aortic and mitral valve replacement surgery.



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Bi-Pap through Tracheostomy

- ◆ The patient has respiratory failure that is stable with respiratory support consisting of BiPAP through his tracheostomy.

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Bi-Pap through Tracheostomy

- ◆ Assign code ...
 - **93.90**
 - Continuous positive airway pressure [CPAP], for the BiPAP run through the tracheostomy.

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C-Pap & Bi-Pap through Trach

- ◆ Although CPAP and BiPAP are similar, BiPAP provides continuous positive airway pressure that is higher when the patient breathes in and lowers when the patient breathes out.
- ◆ Both CPAP and BiPAP are forms of respiratory assistance that augment the patients breathing.

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Anemia Due to Chemo

- ◆ Not the same as anemia in neoplastic disease
- ◆ Aplastic anemia is caused by failure of bone marrow to produce sufficient blood cells for circulation
 - May be caused by chemo
- ◆ Anemia due to chemo is an adverse effect
 - **284.89** Other specific aplastic anemias
 - **E933.1** Antineoplastic and immunosuppressive drugs

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Gastroenteritis Due to Chemo



- ◆ Coded as adverse effect
 - **558.9**, Other and unspecified noninfectious gastroenteritis and colitis
 - **E933.1**, Antineoplastic and immunosuppressive drugs
- ◆ Code **558.2**, Toxic gastroenteritis and colitis, should not be assigned unless specifically documented by physician

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Dehydration With Gastroenteritis

- ◆ The principal diagnosis is based on the circumstances of admission
 - Example 1: Admission for treatment of dehydration. IV fluids were administered and stool studies were performed. Final diagnosis: dehydration due to gastroenteritis
 - PDx: **276.51** Dehydration
 - SDx: **558.9** Other and unspecified noninfectious gastroenteritis and colitis

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Dehydration With Gastroenteritis

- **Example 2: Admission for infectious gastroenteritis with dehydration. The patient was given IV antibiotics and IV fluids.**
 - **PDx: 009.0** Infectious colitis, enteritis, and gastroenteritis
 - **SDx: 276.51** Dehydration

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Dehydration With Gastroenteritis

- **Example 3: Admission for infectious gastroenteritis with dehydration. The patient was given oral anti-diarrheal medication and IV fluids.**
 - **PDx: 276.51** Dehydration
 - **SDx: 009.0** Infectious colitis, enteritis, and gastroenteritis

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Congestive Heart Failure – Signs & Symptoms

- ♦ Can be mild to severe, depending on the damage to the heart or the weakness of the heart muscle;
 - Congested lungs
 - Swollen ankles, legs, and abdomen
 - Weakness and fatigue
 - Confusion
 - Dizziness
 - Loss of appetite
 - Nausea
 - Feeling of being bloated
 - Rapid or irregular heart beats

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Congestive Heart Failure – Causes

- ♦ Chronic kidney disease
- ♦ Diabetes mellitus
- ♦ Congenital or acquired heart defects at birth
- ♦ Valve disease
- ♦ Hypertension
- ♦ Cardiomyopathy
- ♦ Heart attack
- ♦ Coronary artery disease

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Congestive Heart Failure – Stages

- ◆ **Stage A – Those at high risk for developing CHF, including patients with:**
 - Hypertension
 - Diabetes mellitus
 - Coronary Artery Disease
 - History of cardiotoxic drug therapy
 - History of alcohol abuse
 - History of rheumatic fever
 - Family history of cardiomyopathy

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Congestive Heart Failure – Stages

- ◆ **Stage B – Those diagnosed with systolic heart failure but have never had symptoms of heart failure. Usually have an ejection fraction of less than 40 percent on echocardiogram.**

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Congestive Heart Failure – Stages

- ◆ **Stage C – Patients with known heart failure and who exhibit current or prior symptoms such as:**
 - Shortness of breath
 - Fatigue
 - Reduced exercise tolerance

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Congestive Heart Failure – Stages

- ◆ **Stage D – Presence of advanced symptoms, after assuring optimized medical care.**

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Congestive Heart Failure – Documentation

- ◆ Ensure documentation to the highest level of specificity possible
- ◆ Query as necessary and often if required
- ◆ Physicians should document the underlying etiology of acute pulmonary edema as cardiogenic or noncardiogenic.

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Congestive Heart Failure – Coding

- ◆ Differences between chronic heart failure and CHF ...

428.9 Heart failure, unspecified

- Cardiac failure NOS
- Heart failure NOS
- Myocardial failure NOS
- Weak heart

428.0 Congestive heart failure, unspecified

- Congestive heart disease
- Right heart failure (secondary, right heart failure)

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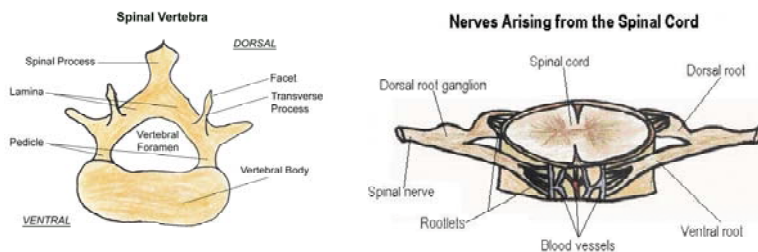
Congestive Heart Failure –

- ◆ CHF should be coded as a secondary diagnosis, because it is a chronic condition.
- ◆ Even in the absence of active intervention, it tends to always impact care or treatment.

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Spinal Nerve Root Excision with Laminectomy

- ◆ Laminectomy (03.09) is included in code for removal/destruction of spinal cord lesion (03.4) and is not coded separately



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Resident Documentation

- ♦ **Coding from a resident's note for inpatient cases without countersignature from attending**
 - Code assignment is based on physician documentation and this may include resident documentation
 - If there is conflicting documentation, query the attending
 - Check medical staff bylaws/hospital policy and other local/state/federal regulations

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Inpatient Pathology Reports

- ♦ **Use of the pathology report for inpatients**
 - Conditions documented on pathology report must be confirmed by the provider
 - Query the attending physician if not documented

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Medication Documentation

- ◆ Conditions should not be coded based on medication sheet alone
- ◆ Example 1: the med sheet shows that the patient is on Lipitor. There is no physician documentation to suggest a lipid disorder
 - Code assignment: none
- ◆ Example 2: the physician states that the patient has hyperlipidemia and the patient is on Lipitor
 - Code assignment: **272.4**, Other and unspecified hyperlipidemia

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Coding ICD-9-CM Procedures for Outpatients

- ◆ HIPAA code sets for hospitals
 - ICD-9-CM = inpatient procedures
 - CPT-4 = outpatient procedures
- ◆ ICD-9-CM procedure codes
 - May be coded for internal data purposes
 - Should not appear on UB-04 claim form
- ◆ Hospital billing scrubbers



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Polling Question #2



- ◆ Does your facility assign ICD-9-CM procedure codes for internal reporting purposes?

*1 Yes

*2 No

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Seizure Disorder

- ◆ New classification for seizure disorder as of October 1, 2006
- ◆ Physician does not have to document epilepsy in order to assign code **345.9x**

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Seizure Disorder

780.39 Other convulsions	345.9x Epilepsy, unspecified
Single seizure	Recurrent seizures
Seizure NOS	Seizure disorder
	Epilepsy

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End of Life for Heart Valve Prosthesis

- ◆ If patient is not experiencing symptoms, this should not be coded as a complication
- ◆ Report code **V53.39**, Fitting and adjustment of other device, Other cardiac device



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Chronic Vertebral Pathological Fracture

- ◆ Due to the nature of this particular disease many patients are prescribed and are maintained on therapeutic pain medication.
- ◆ The coding issue is then how to code pain management in this chronic condition when patients are admitted for after-care or rehabilitation.

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Chronic Vertebral Pathological Fracture

- ◆ A patient is in a skilled nursing facility (SNF) for multiple problems including a chronic vertebral pathological fracture with orders for pain medication. What is the appropriate code to assign to identify the chronic pathological vertebral fracture?

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Chronic Vertebral Pathological Fracture



- ◆ Assign code **733.13**, Pathologic fracture of vertebrae, for a chronic vertebral fracture for which the patient is receiving medication.

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Polling Question #3



- ◆ Would you assign **338.2** for pain management?

*1 Yes

*2 No

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Acute Respiratory Failure and Aspiration Pneumonia

- ♦ When acute respiratory failure is present on admission *along with* aspiration or bacterial pneumonia and both conditions are equally treated can either condition be sequenced as the principal diagnosis?

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Acute Respiratory Failure and Aspiration Pneumonia

Example –

- ♦ 90-year-old nursing home resident admitted to the hospital with shortness of breath, elevated white blood cell count, and bibasilar infiltrates.
- ♦ Provider diagnosed aspiration pneumonia and acute respiratory failure and both conditions were present on admission. Intravenous antibiotics were administered, oxygen therapy was provided and patient's clinical condition improved.

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Acute Respiratory Failure and Aspiration Pneumonia

- ♦ Due to the possibility of chronic obstructive pulmonary disease (COPD), the patient was started on Advair. After the patient experienced a few runs of paroxysmal supra-ventricular tachycardia, Metoprolol therapy was initiated.
- ♦ The patient was transferred to the SNF in stable condition following an uneventful hospital course.

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Polling Question #4



- ♦ Which diagnosis should be sequenced as the principal diagnosis?
 - *1 Aspiration pneumonia
 - *2 Acute respiratory failure
 - *3 Both 1 and 2 may be sequenced as the principal diagnosis

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Acute Respiratory Failure and Aspiration Pneumonia

The Official Guidelines for Coding and Reporting regarding two or more diagnoses that equally meet the definition for principal diagnosis state,

“In the unusual instance when two or more diagnoses equally meet the criteria for principal diagnosis as determined by the circumstances of admission, diagnostic workup and/or therapy provided, and the Alphabetic Index, Tabular List, or another coding guidelines does not provide sequencing direction, any one of the diagnoses may be sequenced first.”

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New ICD-9-CM Diagnostic Codes

- ♦ **482.42** - Methicillin Resistant Pneumonia due to Staphylococcus Aureus (MCC)
- ♦ **511.81** - Malignant Pleural Effusion (CC)
- ♦ **511.89** - Other Specified Forms of Effusion except Tuberculosis (CC)

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Diabetes with Neuropathy

- ◆ **Reported with codes**
 - **250.6x** Diabetes with neurological manifestations
 - **357.2** Polyneuropathy in diabetes
- ◆ **Cause and effect relationship can be assumed with the statements:**
 - "with"
 - "with mention of"
 - "associated with"
 - "in"

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Laparoscopic Hernia Repair

- ◆ **New category, 17 Other Misc. Procedures**
 - Procedure codes identify laparoscopic repair of inguinal hernias
- ◆ **Revised category, 53 Repair of hernia**
 - New and revised procedure codes
- ◆ **Surgery is the only treatment and cure for inguinal or ventral hernias.**
- ◆ **Hernia repair is one of the most common surgeries performed in the U.S. annually**

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Laparoscopic Hernia Repair

- ◆ Patients are given anesthesia,
- ◆ A small incision is made in or just below the navel,
- ◆ The abdomen is inflated with air in order for the surgeon to visualize the internal organs,
- ◆ A laparoscope is inserted through the incision.

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Laparoscopic Hernia Repair

- ◆ The instruments to repair the hernia are inserted through another incision.
- ◆ Mesh is then placed over the defect to reinforce the abdominal wall.

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Laparoscopic Hernia Repair

Advantages to laparoscopic repair are:

- ♦ **Less pain and quicker recovery**
- ♦ **Repair of recurrent hernia is easier**
- ♦ **Possible to evaluate for second hernia on the parallel side at the time of the surgery**
- ♦ **Smaller incisions are more cosmetically appealing**

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Infusion & Transfusion Reaction

- ♦ **New codes created to differentiate extravasation of vesicant chemotherapy, **999.81****
- ♦ **Extravasation of other vesicant agent, **999.82****
- ♦ **Other infusion reaction, **999.88****
- ♦ **Other transfusion reaction, **999.89****

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Infusion & Transfusion Reaction

◆ Case example:

- 73-year old woman diagnosed with malignant neoplasm of the UQ of the breast;
- See as an outpatient to undergo chemotherapy;
- The patient had a PIVC inserted with an infusion of doxorubicin;

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Infusion & Transfusion Reaction

- Catheter was improperly placed and patient complained of pain at the infusion site with blistering and redness;
- The provider later documented that there was no blood return and the chemotherapy had infused outside of the vein (extravasated) into the skin;

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Infusion & Transfusion Reaction

The code assignments should be as follows:

- **V58.11** - Encounter for antineoplastic chemotherapy (first listed diagnosis)
- **174.4** - Malignant neoplasm of female breast
- **999.81** - Extravasation of vesicant chemotherapy
- **E876.8** - Other special misadventures during medical care.

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Polling Question #5



A patient with chronic hepatitis C and autoimmune hepatitis was admitted for a liver transplant. Should code **070.54** be assigned to identify the condition for transplant along with autoimmune hepatitis?

- *1 Yes
- *2 No

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Autoimmune Hepatitis

- ◆ Recent literature indicates hepatologists can differentiate chronic viral hepatitis from other types of liver disease with new viral serological tests.
- ◆ This has led to change in the coding of hepatitis to better identify autoimmune hepatitis.

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Autoimmune Hepatitis

- ◆ Autoimmune hepatitis can coexist with other liver diseases (viral hepatitis) and other autoimmune diseases (thyroiditis, ulcerative colitis, Type I diabetes, etc.)
- ◆ Common symptoms are fatigues, abdominal discomfort, aching joints, jaundice, enlarged liver, spider angioma and ascites.

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Autoimmune Hepatitis

♦ Codes:

- **571** Chronic liver disease and cirrhosis
 - **571.4** Chronic Hepatitis

♦ New Code:

- **571.42** Autoimmune Hepatitis

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Malignant Neoplasm of Transplanted Organ

Several ways in which a transplanted organ may develop cancer include:

- ♦ Recurrence of past history that spreads to transplanted organ;
- ♦ Undetected malignant cells in transplanted organ;
- ♦ Cancer may develop in the immune system due to use of immunosuppressant drug therapy to avoid allograft rejection;

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Malignant Neoplasm of Transplanted Organ

Codes:

- ♦ **199** Malignant neoplasm without specification of site

Add Excludes: malignant carcinoid tumor of unknown primary site (209.20)
malignant neuroendocrine tumor, any site (209.30)
neuroendocrine carcinoma, any site (209.30)

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Malignant Neoplasm of Transplanted Organ

New code

- 199.2** Malignant neoplasm associated with transplanted organ

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Coding Clinic

- ◆ **Submitting questions to *Coding Clinic***
 - www.ahacentraloffice.org
 - Download the form
 - Fax or mail your question

Central Office on ICD-9-CM
Coding Advice
American Hospital Association
One North Franklin
Chicago, IL 60606

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Resource/Reference List

- ◆ **AHA *Coding Clinic*:**
 - First Quarter 2008
 - Second Quarter 2008
 - Third Quarter 2008
 - Fourth Quarter 2008
- ◆ **National Center for Health Statistics; ICD-9-CM
Coordination and Maintenance Committee:**
<http://www.cdc.gov/nchs/about/otheract/icd9/maint/maint.htm>
Register for the Meetings:
<http://www.cms.hhs.gov/apps/events/>
Also see:
<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>

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Resource/Reference List

- ◆ **10/1/08 ICD-9-CM Official Guidelines for Coding and Reporting**
<http://www.cdc.gov/nchs/dataawh/ftpser/ftpicd9/ftpicd9.htm#guidelines>
- ◆ **"MS-DRGs... Where Are We Today?"**
Presentation by Gloryanne Bryant, RHIA, CCS at Clinical Coding Community Meeting 2008
- ◆ ***Comprehensive Guide to ICD-9-CM Coding***, The Coding Group, Carlsbad, CA
- ◆ ***FY 2009 ICD-9-CM Code Updates***, Patricia Small, RHIT, CCS at CHIA Seminar, Oakland, CA, September 16, 2008

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Resource/Reference List

- ◆ ***AHIMA Advantage***, E-Alert, May 24, 2007,
<http://cop.ahima.org/COP/AHIMA/News/ShowNewsItem.fusion?NewsID=5631>
- ◆ ***AHIMA Coding Roundtables***, August 2007, Lou Ann Wiedemann, MS, RHIA, CPEHR, Coding Congestive Heart Failure
[http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1_035121.doc#_2Coding Congestive Heart Failure](http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1_035121.doc#_2Coding%20Congestive%20Heart%20Failure)

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Audio Seminar Discussion



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Upcoming Seminars/Webinars

2009 CPT® Update
December 4, 2008

Coding Septicemia, SIRS, and Sepsis
December 11, 2008

CY09 OPPS Update
December 18, 2008

Thank you for joining us today!

**Remember – sign on to the
AHIMA Audio Seminars Web site
to complete your evaluation form
and receive your CE Certificate online at:**

<http://campus.ahima.org/audio/2008seminars.html>

**Each person seeking CE credit must complete the
sign-in form and evaluation in order to view and
print their CE certificate**

**Certificates will be awarded for
AHIMA Continuing Education Credit**



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CE Certificate Instructions	

Appendix

Resource/Reference List

www.ahacentraloffice.org

<http://www.cdc.gov/nchs/about/otheract/icd9/maint/maint.htm>

<http://www.cms.hhs.gov/apps/events/>

<http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes>

<http://www.cdc.gov/nchs/datawh/ftpserv/ftp/cd9/ftp/cd9.htm#guidelines>

<http://cop.ahima.org/COP/AHIMA/News/ShowNewsItem.fusion?NewsID=5631>

http://library.ahima.org/xpedio/groups/secure/documents/ahima/bok1_035121.doc#_Coding_It_Right—Practical_News_for_2Coding_Congestive_Heart_Failure



To receive your

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Please go to the AHIMA Web site

<http://campus.ahima.org/audio/2008seminars.html>

click on the link to

"Sign In and Complete Online Evaluation"
listed for this seminar.

You will be automatically linked to the
CE certificate for this seminar after completing
the evaluation.

Each participant expecting to receive continuing education credit must complete the online evaluation and sign-in information after the seminar, in order to view and print the CE certificate.