

Coding Clinic Update

Audio Seminar/Webinar

November 19, 2009

Practical Tools for Seminar Learning

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Faculty

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Table of Contents

Disclaimer	i
Faculty	ii
Objectives	1
Documentation	1
1st and 2nd Quarter 2009 Diagnoses	
Obesity Hypoventilation Syndrome.....	2-3
Diabetic Peripheral Neuropathy	4
Aftercare of a Hip Fracture.....	5
Systolic and Diastolic Dysfunction	6
Congestive Heart Failure with Systolic/Diastolic Dysfunction.....	7
Cerebral Amyloid Angiopathy.....	8
Gestational Age.....	8-9
Chapter 15 – Premature Birth Codes	9-10
Complications of an Artificial Urethral Sphincter	10-12
Postpartum Period.....	12-13
Present on Admission (POA).....	14
1st and 2nd Quarter 2009 Procedures	
Reversal of Hartmann Colostomy.....	15-16
Allogeneic Donor Lymphocyte Infusion.....	16-17
Tracheostomy.....	17
Extreme Lateral Interbody Fusion (XLIF)	18
Direct Lateral Interbody Fusion (DLIF)	19
Axial Lumbar Interbody Fusion (AxiaLIF)	19-20
SpiderRX [®] Distal Embolic Protection Device	20-21
3rd Quarter 2009 Diagnoses	
Herceptin Maintenance Therapy	22
T-cell Large Granular Lymphocytic Leukemia	23
Non-Hodgkin’s Lymphoma of the Breast.....	24
Postoperative Hyperglycemia	24-25
High Family Risk of Ovarian Cancer	26-27
Malnutrition	28
“Appears to Be” in the Outpatient Setting.....	29
E Code E927 “Hierarchy”	29
Vasogenic Edema.....	30
Malignant Neoplasm of the Brain	31-32
Acute ST Elevation Lateral Wall Myocardial Infarction (STEMI)	32-33
UTI and Indwelling Urinary Catheter	33
UTI and Suprapubic Catheter	34
Suprapubic Catheter.....	34-35
Equally Meet the Definition of Principal Diagnosis.....	35-37
Multilobar Pneumonia	37

(CONTINUED)

Table of Contents

Newborn Diagnosis	38
COPD and Hypoxia	39
Respiratory Distress in the Newborn	39
Respiratory Distress Syndrome in the Newborn.....	40
3rd Quarter 2009 Procedures	
Impella 2.5 Heart Assist Device	41-42
Angioplasty in Children	43
Versajet Debridement.....	44
Camino Bolt.....	45
Subdural Evacuating Port System	45-46
Evalve Cardiovascular Repair System aka MitraClip System	46
4th Quarter 2009 Diagnoses	
Home Care	47-48
Loss of Protective Sensation.....	48
Clarifications.....	49
Selection of Obstetric Principal Diagnosis.....	49-51
Resource/Reference List	52
Audience Questions.....	53
Audio Seminar Discussion	53
Become an AHIMA Member Today !.....	54
Audio Seminar Information Online	54
Upcoming Audio Seminars	55
Thank You/Evaluation Form and CE Certificate (Web Address)	55
Appendix	56
Resource/Reference List	57
CE Certificate Instructions	

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

Documentation

- ◆ The importance of consistent, complete documentation in the medical record cannot be overemphasized. Without such documentation the application of all coding guidelines is a difficult, if not impossible, task.

Official Coding Guidelines

2

1st and 2nd Quarter 2009 Diagnoses

3

Obesity Hypoventilation Syndrome

- ◆ A patient is admitted to the hospital in respiratory failure with hypoventilation. The patient is intubated and placed on mechanical ventilation for 3 days. The patient is also morbidly obese.
- ◆ How would you code this scenario?

4

Obesity Hypoventilation Syndrome

- ◆ OHS is a condition that occurs in obese people, in which poor breathing leads to lower oxygen levels and higher carbon dioxide levels in the blood.



Medline Plus

5

Obesity Hypoventilation Syndrome

- ◆ Assign the following ICD-9-CM codes: **518.81** Acute Respiratory Failure as the principal diagnosis. **278.8** other hyperalimantation for the (OHS) as a secondary diagnosis code and **278.01** for the morbid obesity.
- ◆ For the procedures code **96.71** Continuous mechanical less than 96 hours and **96.04**, insertion of endotracheal tube.

6

Diabetic Peripheral Neuropathy

- ◆ The physician documents that the patient is a type 1 diabetic with peripheral neuropathy.
- ◆ How would you code this scenario?

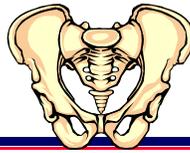
7

Diabetic Peripheral Neuropathy

- ◆ In ICD-9-CM the Alphabetic Index, the default for diabetic peripheral neuropathy leads you to codes **250.61**, Diabetes with neurological complications and **357.2**, Polyneuropathy in diabetes.
- ◆ The **357.2** and the fourth digit of 6 in code **250.6X** describe the sensory neuropathy commonly found in diabetic patients.

8

Aftercare of a Hip Fracture



- ♦ Is it appropriate to utilize **V54.13**, Aftercare for healing traumatic fracture of hip and **V54.81**, Aftercare following joint replacement, for a patient that is receiving aftercare at their physicians office following an intertrochanteric hip fracture?

9

Aftercare of a Hip Fracture

- ♦ It would not be appropriate to assign **V54.13**, Aftercare for healing traumatic fracture of hip. The fracture no longer exists, as it has been repaired with the prosthetic hip joint.
- ♦ Assign codes **V54.81**, Aftercare following joint replacement and **V43.64**, Organ or tissue replaced by other means, joint, hip.

10

Systolic and Diastolic Dysfunction

- ◆ The physician documents that the patient has diastolic dysfunction.
- ◆ How would you code this scenario?

11

Systolic and Diastolic Dysfunction

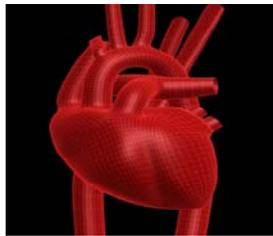
- ◆ **429.9** Heart disease, unspecified
- ◆ **429.9** Heart disease, unspecified

Note: You cannot assume heart failure when the physician documents diastolic/systolic dysfunction.

12

Congestive Heart Failure with Systolic/Diastolic Dysfunction

- ◆ The patient was admitted with Acute exacerbation of CHF with systolic dysfunction.
- ◆ How would you code this scenario?



13

Congestive Heart Failure with Systolic/Diastolic Dysfunction

- ◆ Dysfunction
 - Systolic **429.9**
 - With heart failure --- see Failure, heart
- ◆ Assign **428.0** CHF and **428.23** Systolic heart failure, Acute on Chronic. An acute exacerbation of heart failure that is chronic is coded as acute on chronic.

14

Cerebral Amyloid Angiopathy

- ◆ A patient is diagnosed with Cerebral amyloid angiopathy.
- ◆ How would you code this scenario?
- ◆ Assign codes **277.39**, Other amyloids and code **437.9**, Other ill-defined cerebrovascular disease, unspecified.

15

Gestational Age

- ◆ Should the newborn's gestational age be based on the attending provider's, (i.e., family practice, pediatrician) documentation or the obstetrician?

16

Gestational Age

- ◆ It should be based on the attending provider for the newborn. The person delivering the newborn and the newborns provider use different criteria to determine the gestational weeks of the newborn and the gestational weeks of the mother.

17

Chapter 15 – Premature Birth Codes

- ◆ A 4 month old child with Erb's palsy secondary to birth trauma was born at 26 weeks. Was seen at the physicians office for a routine check up. The physician documents Erb's palsy well child born at 26 weeks.
- ◆ How would you code this scenario?

18

Chapter 15 – Premature Birth Codes

- ♦ **V20.2** For well child exam
- ♦ **767.7** For Erb's palsy
- ♦ **765.10** Other preterm infants,
unspecified weight

NOTE: Any time the physician notes that prematurity is a contributing factor it can be coded as an additional diagnosis. No matter the age of the patient.

19

Complications of an Artificial Urethral Sphincter

- ♦ **A male patient was status post placement of an artificial urethral sphincter, when he started experiencing urinary incontinence. After examination of the patient, it was determined that the artificial urinary sphincter cuff had eroded into the urethra, damaging the urethra and causing the urinary incontinence.**

20

Complications of an Artificial Urethral Sphincter

- ◆ The patient undergoes surgery to remove the artificial urethral sphincter and the surgeon performs a urethroplasty.
- ◆ The physicians final diagnosis is, "Urethral trauma, urethral erosion due to the artificial urethral sphincter."
- ◆ How would you code this scenario?

21

Complications of an Artificial Urethral Sphincter

- ◆ Assign code **996.76** Other complications internal (biological) (synthetic) prosthetic device, implant and graft. Due to genitourinary device, implant and graft as the principal diagnosis, for the urethral erosion, secondary to the erosion of the artificial urethral sphincter.

22

Complications of an Artificial Urethral Sphincter

- ♦ The secondary diagnoses would be: **599.9**, Other specified disorders of urethra, for the urethra erosion and **788.30**, Urinary incontinence.
- ♦ For the procedures: **58.9** Other repair of urethra for the urethroplasty and **58.99** for the removal of the artificial urinary sphincter. Which is other operations on urethra and periurethral tissue.

23

Postpartum Period

- ♦ A 37 year old female was admitted to the hospital with an acute exacerbation of chronic obstructive pulmonary disease (COPD)/asthma. She also has anemia, hypertension and a history of smoking. The patient is five weeks post-partum. With an uncomplicated delivery and pregnancy.
- ♦ How would you code this scenario?

24

Postpartum Period

- ◆ Assign codes **648.94** Other current conditions classifiable elsewhere, postpartum condition or complication. This is to identify the COPD exacerbation occurred in the postpartum period.
- ◆ Assign the secondary codes of **493.22** Chronic obstructive asthma with (acute) exacerbation.

25

Postpartum Period

- ◆ **648.24** Other current conditions in the mother classifiable elsewhere but complicating pregnancy, childbirth, or the puerperium, Anemia, postpartum condition or complication; code **285.9** Anemia unspecified; code **642.94**, Unspecified hypertension complicating pregnancy, childbirth, or the puerperium condition or complication
- ◆ **V15.82**, History of tobacco use

26

Present on Admission (POA)

- ◆ If a patient comes in with a stage II pressure ulcer and it progresses to a higher stage, III-IV, you report the highest stage of the pressure ulcer as being POA.
- ◆ The pressure ulcer was POA it just progressed to a higher stage.

27

1st and 2nd Quarter 2009 Procedures



28

Reversal of Hartmann Colostomy

- ◆ A patient underwent a colostomy for Crohn's disease for perforation of the sigmoid colon. The patient now presents for a reversal of Hartmann colostomy. The physician documents the surgery as, "Partial colon resection, coloproctostomy (side to side anastomosis) and reversal of Hartmann colostomy.
- ◆ How would you code this scenario?

29

Reversal of Hartmann Colostomy

- ◆ Assign **V55.3** Attention to artificial openings, colostomy as the principal diagnosis.
- ◆ Add as a secondary diagnosis code **555.9** Regional enteritis, unspecified site.

30

Reversal of Hartmann Colostomy

- ◆ Assign **46.52**, Closure of stoma of large intestine, for the reversal on the colostomy
- ◆ Assign **45.79**, Other and unspecified partial excision of large intestine, for the partial colon resection
- ◆ Assign **45.94** for the side to side anastomosis

31

Allogeneic Donor Lymphocyte Infusion

- ◆ A type of therapy in which lymphocytes from the blood of a donor are given to a patient who has already received a stem cell transplant from the same donor. The donor lymphocytes may kill remaining cancer cells.

32

Allogeneic Donor Lymphocyte Infusion

- ◆ Donor lymphocyte infusion is used to treat chronic myelogenous leukemia (CML) that has come back and myeloma. It is being studied in the treatment of other types of cancer.
- ◆ How should Allogeneic Donor Lymphocyte Infusion be coded?
- ◆ Assign code **41.05** Allogeneic hematopoietic stem cell transplant without purging

www.cancer.gov

33

Tracheostomy

- ◆ A patient was admitted to the ER and had to undergo an emergent tracheostomy. The physician performed a division of the thyroid isthmus along with the tracheostomy.
- ◆ Would you code the division of the thyroid isthmus as a separate procedure?
- ◆ You would not assign an additional code for the division of the thyroid isthmus as it is an integral part of the tracheostomy.

34

Extreme Lateral Interbody Fusion (XLIF)



- ◆ XLIF is a minimally-invasive procedure used to treat leg or back pain generally caused by degenerative disc disease.
- ◆ The procedure is performed through the patient's side, avoiding the major muscles of the back.

www.spine-health.com

35

Extreme Lateral Interbody Fusion (XLIF)

- ◆ An interbody fusion is a fusion on the anterior column of the spine. The technique and the column being fused may affect the correct code assignment.
- ◆ The XLIF is more anterior and is done via a lateral approach so the correct code assignment is **81.08**. Lumbar and lumbosacral fusion, posterior technique.

36

Direct Lateral Interbody Fusion (DLIF)

- ◆ DLIF is performed via a lateral approach, under fluoroscopic guidance. A probe is inserted through the psoas muscle, to lie along side the affected disc. A discectomy is performed. A bone graft may also be performed.
- ◆ Just like the XLIF, the DLIF is also coded to **81.08**.

The National Institute for Health and Clinical Excellence (NICE)

37

Axial Lumbar Interbody Fusion (AxiaLIF)

- ◆ AxiaLIF is performed by the surgeon accessing the lower back through a 1-inch incision next to the tailbone. The center of the diseased disc is removed, and bone growth material is inserted in its place. This material helps stimulate bone growth over time in order to "fuse."

38

Axial Lumbar Interbody Fusion (AxiaLIF)

- ◆ The AxiaLIF is a percutaneous fusion on the anterior column.
- ◆ This procedure is coded to **81.08**, Lumbar and lumbosacral fusion, posterior technique.



39

SpideRX[®] Distal Embolic Protection Device

- ◆ SpideRX[®] Distal Embolic Protection Device contains and removes embolic debris during treatment of coronary artery saphenous vein bypass graft lesions with PTCA and/or stent placement.

www.biospace.com/news

40

SpideRX® Distal Embolic Protection Device

- ◆ This is an integral part of stent placement and a PTCA and should not be coded separately.

41



3rd Quarter 2009 Diagnoses

42

Herceptin Maintenance Therapy

- ◆ Herceptin Maintenance Therapy is used to treat breast cancers. In clinical trials, patients had a slower progression rate of the cancer and a longer survival rate when used in conjunction with chemotherapy.

Gale Encyclopedia of Cancer 2006

43

Herceptin Maintenance Therapy

- ◆ Assign diagnosis code **174.9** Malignant neoplasm of female breast, unspecified, as the first listed diagnosis.
- ◆ Assign as a secondary diagnosis code **V58.68**, Long-term (current) use of other medications, for the Herceptin maintenance therapy.

44

T-cell Large Granular Lymphocytic Leukemia

- ◆ A patient has been feeling tired and has unexplained anemia. The patient is admitted to the hospital for further evaluation. At time of discharge the final diagnosis is T-cell large granular lymphocytic leukemia.
- ◆ How would you code this scenario?

45

T-cell Large Granular Lymphocytic Leukemia

- ◆ Assign diagnosis code **204.8X** Other lymphoid leukemia, for T-cell large granular lymphocytic leukemia

46

Non-Hodgkin's Lymphoma of the Breast

- ♦ There is not a specific code for Non-Hodgkin's lymphoma of the breast, what is the most appropriate code assignment?
- ♦ **202.04**, Other malignant neoplasm of lymphoid and histiocytic tissue, lymph nodes of axilla and upper limb.

47

Postoperative Hyperglycemia

- ♦ A patient undergoes surgery and develops hyperglycemia postoperatively. The patient is followed by an Endocrinologist. The surgeon documents as a final diagnosis postoperative hyperglycemia.
- ♦ How would you code this scenario?

48

Postoperative Hyperglycemia

- ◆ Assign diagnosis code, **790.29**, Other abnormal glucose
- ◆ **Remember:** That not all conditions that happen during or after surgery are complications of the surgery. Only the physician can make the determination if it is an expected outcome or is truly a complication of surgery.

49

Postoperative Hyperglycemia

- ◆ The physician must document whether the condition is a complication. If it is not documented the coder can **NEVER, EVER, ASSUME** that it is a complication of surgery.
- ◆ **QUERY! QUERY! QUERY! And QUERY!**



50

High Family Risk for Ovarian Cancer

- ◆ A 35 year old female is at high risk for ovarian cancer, due to a family history. She is admitted for a prophylactic robotic-assisted laparoscopic total abdominal hysterectomy and bilateral salpingo-oophorectomy.



51

High Family Risk for Ovarian Cancer

- ◆ A diagnosis of malignant neoplasm of the uterus is confirmed.
- ◆ How would you code this scenario?
- ◆ Assign the principal diagnosis code of **V50.42**, Prophylactic organ removal, Ovary. This was the reason for the admission.
- ◆ The secondary diagnosis code of **182.0** Malignant neoplasm of corpus uteri, expect isthmus.

52

High Family Risk for Ovarian Cancer

- ♦ **V16.41**, Family history of malignant neoplasm, ovary
- ♦ **V50.49**, Prophylactic organ removal, other

53

High Family Risk for Ovarian Cancer

- ♦ Assign procedure codes, **68.41**, Laparoscopic total abdominal hysterectomy
- ♦ **65.63**, Laparoscopic removal of both ovaries and tubes at the same operative episode
- ♦ **17.42**, Laparoscopic robotic assisted procedure

54

Malnutrition

- ◆ When a physician documents, “moderate protein malnutrition”. Is it appropriate to code (263.0) moderate malnutrition and (260) protein malnutrition to show both types?



55

Malnutrition

- ◆ Only one code assignment is needed.
- ◆ **263.0** Malnutrition of moderate degree, for moderate protein malnutrition. This code category includes protein-calorie malnutrition.
- ◆ Kwashiorkor syndrome (**260**) is not appropriate, since the physician did not document this condition.

56

“Appears to Be” in the Outpatient Setting

- ♦ A patient had a chest x-ray and the radiologist diagnostic statement read, “patient appears to be in CHF.”
- ♦ Would it be appropriate to code the CHF?
- ♦ No, “Appears to be”, in the outpatient setting is the same as, probable, or suspected condition and should not be coded.

The Official Guidelines for Coding and Reporting, Section IV.I

57

E Code E927 “Hierarchy”

- ♦ Do the E codes in category **E927**, Overexertion and strenuous and repetitive movements or loads, have a “hierarchy” when more than one apply?
- ♦ No there is no hierarchy, apply as many E codes from the category that apply.



58

Vasogenic Edema

- ◆ A patient has a recurrence of glioblastoma multiforme status post surgery. The physician states that in addition to the glioblastoma multiforme the patient has a significant amount of vasogenic edema.
- ◆ How would you code this scenario?

59

Vasogenic Edema

- ◆ Assign **348.5**, Cerebral edema, as an additional diagnosis.
- ◆ The physician has documented and evaluated the clinical significance of the cerebral edema.

60

Malignant Neoplasm of the Brain

- ♦ A patient was seen in the ED, complaining of difficulty exhaling, smelling strange smells. CT scan of the brain showed a large mass of the right temporal lobe with a mass effect, pressing the right cerebral peduncle and compression of the cavernous sinus on the right side.

61

Malignant Neoplasm of the Brain

- ♦ The ED physician documents that the patient has a newly diagnosed malignant brain tumor, most likely slow-growing glioma.
- ♦ Is the compression of the cavernous sinus an appropriate secondary diagnosis?

62

Malignant Neoplasm of the Brain

- ◆ No, the physician doesn't document its clinical significance.
- ◆ Assign diagnosis code **191.2**, Malignant neoplasm of the brain, temporal lobe only, for the slow-growing glioma.



63

Acute ST Elevation Lateral Wall Myocardial Infarction (STEMI)

- ◆ A patient was admitted to Smith Hospital with chest pain. The patient was diagnosed with a STEMI. Smith hospital cannot perform the PTCA and cardiac catheterization, that the patient needs. The patient is transferred to Phillips hospital where the cardiac catheterization and PTCA with stent insertion is performed.

64

Acute ST Elevation Lateral Wall Myocardial Infarction (STEMI)

- ♦ How would you code the principal diagnosis for Phillips hospital?
- ♦ Assign code **410.51**, Acute Myocardial infarction, of other lateral wall, initial episode of care.
- ♦ Assign as a secondary diagnosis **414.01**, Coronary atherosclerosis, of native coronary artery.

65

UTI and Indwelling Urinary Catheter

- ♦ Can a coder assume a cause-and-effect relationship between a patient with an Urinary tract infection and an Indwelling urinary catheter?
- ♦ No! In order to code the UTI, **599.0** as a complication of the Indwelling urinary catheter, **996.64**, Infection and Inflammatory reaction due to indwelling urinary catheter, the physician must clearly document the causal relationship.

66

UTI and Suprapubic Catheter

- ◆ A patient is admitted to the hospital with a urinary tract infection secondary to their suprapubic catheter.
- ◆ How would you code this scenario?

67

Suprapubic Catheter

- ◆ Is an indwelling catheter that is placed directly into the bladder through the bladder.
- ◆ The catheter is inserted above the pubic bone.

Medline Plus Encyclopedia

68

Suprapubic Catheter

- ♦ Assign the principal diagnosis code of **996.64**, Infection and inflammatory reaction due to indwelling urinary catheter.
- ♦ Assign **599.0**, Urinary tract infection as a secondary diagnosis code.

69

Equally Meet the Definition of Principal Diagnosis

- ♦ A patient is admitted after they were found under water, estimated time of 15 minutes. Patient was given CPR and when Emergency personnel arrived, patient was combative and moving all extremities.



70

Equally Meet the Definition of Principal Diagnosis

- ◆ In the ED the patient was found to be hypoxemic and hypercapnic. The patient was intubated and put on mechanical ventilation.
- ◆ At time of discharge the physician documents, drowning, acute respiratory distress, respiratory acidosis, hypoxemic and hypercapnic respiratory failure.

71

Equally Meet the Definition of Principal Diagnosis

- ◆ How would you code this scenario?
- ◆ Based on the *Official Guidelines for Coding and Reporting, Selection of Principal Diagnosis*, either the Drowning or the Acute Respiratory Failure may be assigned as the Principal Diagnosis.

72

Equally Meet the Definition of Principal Diagnosis

- ◆ *Official Guidelines for Coding and Reporting, Selection of Principal Diagnosis*, states, "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."

73

Multilobar Pneumonia

- ◆ What is the appropriate code for Multilobar Pneumonia?
- ◆ **486** Pneumonia, organism unspecified



74

Newborn Diagnosis

- ♦ A newborn at time of discharge was diagnosed with a peripheral pulmonary stenosis (PPS) murmur. Diagnostic tests. The physician did document will follow up tomorrow.
- ♦ Would you code the PPS murmur?

75

Newborn Diagnosis



- ♦ Yes, assign code **774.3**, Anomalies of the pulmonary artery for the PPS murmur.
- ♦ The diagnosis is not based on tests, but on clinical evaluation.

76

COPD and Hypoxia

- ◆ Should Hypoxia be coded as a secondary diagnosis when documented by the physician, in a patient who has COPD?
- ◆ Yes, hypoxia is not an integral part of COPD. Assign code **799.02** for hypoxia.

77

Respiratory Distress in the Newborn

- ◆ How is respiratory distress of the newborn coded?
- ◆ Distress
 - Respiratory
 - Fetus or newborn **770.89**

78

Respiratory Distress Syndrome in the Newborn

- ♦ Is respiratory distress syndrome in the newborn coded based on the timeframe that it takes for the respiratory distress to resolve?
- ♦ No, it is based on physician documentation.

79

Respiratory Distress Syndrome in the Newborn



- ♦ **769**, Respiratory distress syndrome/type I or transient tachypnea of newborn
- ♦ **770.6**, Transitory tachypnea of newborn/type II

80

3rd Quarter 2009 Procedures



81

Impella 2.5 Heart Assist Device

- ◆ **Directly unload the left ventricle**
- ◆ **Reduce myocardial workload and oxygen consumption**
- ◆ **Increase cardiac output and coronary and end-organ perfusion**



Abiomed.com

82

Impella 2.5 Heart Assist Device

- ◆ The Impella 2.5 can be inserted into the left ventricle in a Cath Lab via a standard guidewire through the femoral artery, into the ascending aorta, across the valve and into the left ventricle. The tip of the catheter contains a “pigtail” that crosses the patient’s heart valve and rests in the left ventricle, generating flows up to 2.5 L/min.

83

Impella 2.5 Heart Assist Device

- ◆ What is the appropriate code for the Impella 2.5 Heart Assist Device?
- ◆ Assign code **37.68**, Insertion of percutaneous external heart assist device.



84

Angioplasty in Children

- ♦ A child has cardiac catheterization with placement of a nondrug eluting stent to the left lower pulmonary vein. The stent is implanted via of the catheter.
- ♦ How would you code this scenario?

85

Angioplasty in Children

- ♦ Assign code **39.50**, Angioplasty or artherectomy of noncoronary vessel
- ♦ **39.90**, Insertion of non-drug eluting peripheral vessel stent(s)
- ♦ **00.45**, Insertion of one vascular stent
- ♦ **00.40**, Procedure on single vessel, for the insertion of the pulmonary vein stent

86

Versajet Debridement

- ◆ The Versajet Hydrosurgery System utilizes a high-pressure jet of sterile saline that travels parallel to the wound surface.

wound.smith-nephew.com

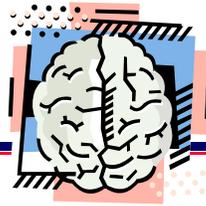
87

Versajet Debridement

- ◆ Versajet debridement is always coded to a non-excisional debridement;
86.28
- ◆ Even if the documentation states that skin, subcutaneous fat and muscle was involved

88

Camino Bolt



- ◆ What is a Camino bolt and how is it coded?
- ◆ Used to monitor and treat elevated intracranial pressure
- ◆ It is coded to **01.10**, (ICP) Intracranial pressure monitoring

www.ohsu.edu

89

Subdural Evacuating Port System

- ◆ The Subdural Evacuating Port System (SEPS) is intended for drainage of subdural fluid collections such as hygromas and hematomas. Unlike other subdural fluid drainage systems, no drain is placed in the subdural space.

www.ncbi.nlm.nih.gov/pubmed/11775490

90

Subdural Evacuating Port System

- ◆ The SEPS drain would be coded to procedure code **01.09**, Other cranial puncture
- ◆ Drainage
 - Subdural space, cerebral
 - By aspiration **01.09**

91

Evalve Cardiovascular Repair System aka MitraClip System

- ◆ The technique involves suturing together the two leaflets of the mitral valve. The valve continues to open on both sides of the suture, allowing blood flow through the valve from the left atrium to left ventricle, while assuring proper valve closure when blood is pumped from the left ventricle to the rest of the body.

www.evalveinc.com

92

4th Quarter 2009 Diagnoses

93

Home Care

- ◆ A patient is being seen by the home health nurse for dressing changes for stage III pressure wounds to the heels that are now healed.
- ◆ How would you code this scenario?



94

Home Care

- ◆ Assign the first listed diagnosis code as **V58.30**, Encounter for change or removal of nonsurgical wound dressing
- ◆ Assign the secondary diagnoses codes of **707.07**, Pressure Ulcer of heel
- ◆ **707.23**, Pressure Ulcer stage III

95

Loss of Protective Sensation

- ◆ How do you code diabetes mellitus type 2 and loss of protective sensation, (LOPS)?
- ◆ Assign codes **250.62**, Diabetes with neurological manifestations, and code **357.2**, Polyneuropathy in diabetes, for diabetes with LOPS

96

Clarifications

- ◆ Use additional Code Note
- ◆ There is no strict hierarchy in assigning the “additional code” after the principal diagnosis
- ◆ Nor in the sequencing of secondary diagnosis codes

97

Selection of Obstetric Principal Diagnosis

- ◆ As planned a patient was admitted due to preeclampsia. The induction of labor failed, due to the patient not dilating. The physician decided to perform a cesarean section. The reason for admission was the preeclampsia; the reason for the cesarean section was the failed induction.
- ◆ How would you code this scenario?

98

Selection of Obstetric Principal Diagnosis

- ◆ If the patient was admitted due to induction of labor because of the preeclampsia, assign code **642.41**, Mild or unspecified preeclampsia, delivered with or without mention of antepartum condition, as principal diagnosis.

99

Selection of Obstetric Principal Diagnosis

- ◆ This was the reason for the admission.
- ◆ The *Official Guidelines for Coding and Reporting*, for selection of obstetric principal diagnosis, have been revised to state: "When a delivery occurs, the principal diagnosis should correspond to the main circumstances or complication of the delivery."

100

Selection of Obstetric Principal Diagnosis

- ◆ In cases of cesarean delivery, the selection of principal diagnosis should be the condition established after study that was responsible for the patient's admission. If the patient was admitted with a condition that resulted in the performance of a cesarean procedure, that condition should be selected as principal diagnosis.

101

Selection of Obstetric Principal Diagnosis

- ◆ If the reason for the admission/encounter was unrelated to the condition resulting in the cesarean delivery, the condition related to the reason for the admission/encounter should be selected as the principal diagnosis, even if a cesarean was performed

102

Resource/Reference List

- ♦ AHA Coding Clinic for ICD-9-CM
 - 1st QTR 2009
 - 2nd QTR 2009
 - 3rd QTR 2009
 - 4th QTR 2009
- ♦ ICD-9-CM Official Guidelines for Coding and Reporting
- ♦ Medline Plus
- ♦ www.cancer.gov
- ♦ www.spine-health.com
- ♦ The National Institute for Health and Clinical Excellence
- ♦ www.biospace.com
- ♦ Gale Encyclopedia of Cancer

103

Resource/Reference List

- ♦ Medline Plus Encyclopedia
- ♦ www.abiomedical.com
- ♦ www.ohsu.edu
- ♦ www.ncbi.nlm.nih.gov/pubmed/11775490
- ♦ www.evalveinc.com
- ♦ http://global.smith-nephew.com/master/about_us_19.htm

104

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Appendix

Resource/Reference List	57
CE Certificate Instructions	

Appendix

Resource/Reference List

www.cancer.gov

www.spine-health.com

www.biospace.com

www.abiomedical.com

www.ohsu.edu

www.ncbi.nlm.nih.gov/pubmed/11775490

www.evalveinc.com

http://global.smith-nephew.com/master/about_us_19.htm



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