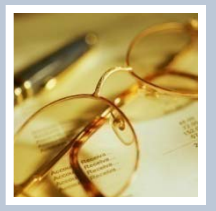
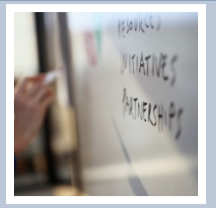



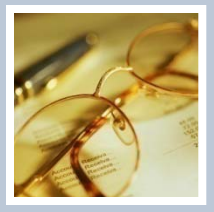
Specific Case Studies of Coding and Clinical Documentation Issues and How to Prevent Them:
The HIM and CDI Perspective

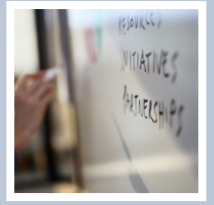
Barbara J. Flynn, RHIA, CCS
Florida Hospital Association

Date: May 30, 2012

FHA Florida Hospital Association

Topics

- Identify common documentation deficiencies leading to denials involving a DRG change
- Coding guidelines and advice to follow
- RAC/MAC prepayment reviews involving DRG changes
- Identify and plan for obstacles to accurate and complete code/DRG assignments
- Develop a prebill audit plan to verify that supporting clinical documentation is present in the medical record before billing
- Assure that all supporting documentation is submitted with an ADR request to prevent denials

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OTHER RESP SYSTEM O.R. PROCEDURES W MCC (MS-DRG 166)





- Procedure title versus procedure performed
- Procedure code 33.27

The procedure is listed as bronchoscopy due to nodular infiltrates and atelectasis and airway examination. Biopsy and washings were taken from the left lower lobe and washings from the right lower lobe. The provider has clarified that a transbronchial biopsy of the left lower lobe of the lung was performed. However, lung tissue was not identified on the pathology report. Should a transbronchial biopsy of the lung be reported?

Most Recent Advice





Answer:

Based on the provider's clarification, assign code 33.27, Closed endoscopic biopsy of lung, for the transbronchial biopsy. The absence of lung tissue in the pathology report does not preclude the assignment of the code when the procedure is performed by the provider. Tissue samples may be inadequate or inconclusive.

Coding Clinic for ICD-9-CM, 3Q2011

Prior advice may be found in CC2Q2009, CC3Q2004, and September – October 1986. The previous advice emphasized obtaining "lung tissue" or the "intent to obtain lung tissue."

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Another Transbronchial Lung Biopsy





The patient has complaint of fevers, cough and an abnormal CT of the chest. The bronchoscope was wedged in the left lower lobe, superior segment and a bronchoalveolar lavage (BAL) was performed. Transbronchial lung biopsies were performed in the left lower lobe under fluoroscopic guidance where two biopsies were taken. Endobronchial biopsies were taken at the superior segment.

What are the correct code(s) for the procedure(s) performed based on this documentation?

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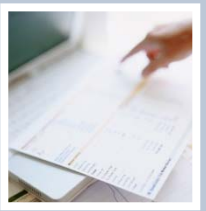
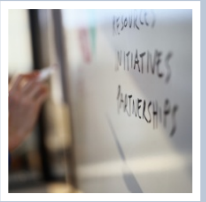
Most Recent Advice #2







Answer

Assign code 33.24, Closed [endoscopic] biopsy of bronchus, for the BAL and endobronchial biopsies, and code 33.27, Closed endoscopic biopsy of lung, for the transbronchial biopsies.

Coding Clinic for ICD9CM, 3Q 2011

Notice, there is no mention of pathology or tissue retrieved or intent.

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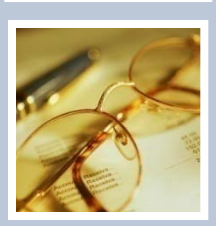
COPD w MCC (MS-DRG 190)


- Respiratory Failure/Insufficiency
- Pneumonia

COPD with inter-related respiratory condition (MCC)

ICD-9-CM Diagnosis codes
491.21 Obstructive Chronic Bronchitis; With (Acute) Exacerbation
486 (MCC) Pneumonia, Organism Unspecified

DRG: **190 Chronic obstructive pulmonary disease w MCC**
GMLOS: **4.4**
AMLOS: **5.3**
DRG Weight: **1.1684**

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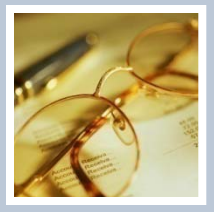
Inter-related Respiratory Conditions


ICD-9-CM Diagnosis codes

518.81 Acute Respiratory Failure

491.21 (CC) Obstructive Chronic Bronchitis; With (Acute) Exacerbation

DRG: **189 Pulmonary edema & respiratory failure**

GMLOS: **4.2**

AMLOS: **5.3**

DRG Weight: **1.2694**

ICD-9-CM Diagnosis codes

486 Pneumonia, Organism Unspecified

491.21 (CC) Obstructive Chronic Bronchitis; With (Acute) Exacerbation

DRG: **194 Simple pneumonia & pleurisy w CC**

GMLOS: **4**

AMLOS: **4.8**

DRG Weight: **1.0026**

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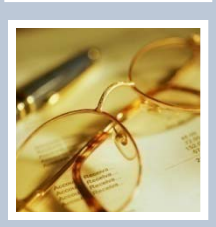
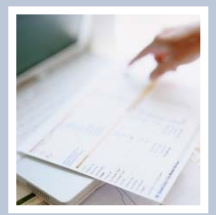
EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W or W/O MCC (MS-DRG 981-982)

- 3-Day Window
- Coding Guidelines
  - Principal diagnosis selection

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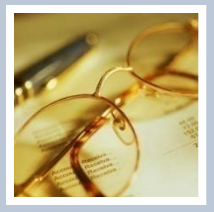
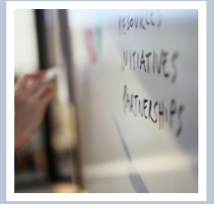
Excisional Debridement

Documentation:

- Type
- Location
- Depth
- Tissue removed

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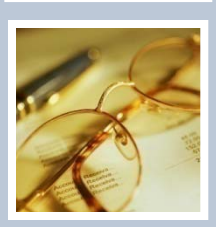
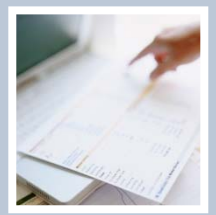
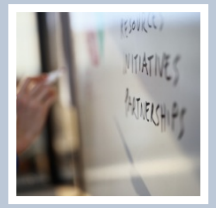
Enough or Not Enough?



In summary, the patient was admitted to the hospital with chronic vascular ulcers, bilateral lower extremities. The patient's surgeon stated in the operative report. *"We began our procedure by using a 15-blade scalpel to sharply debride all the eschar off the wound. This revealed a very thick tenacious, fibrinous slough beneath the eschar. This was also debrided off with sharp dissection. Total surface area of approximately 30 square centimeters was debrided down to healthy clean, easily bleeding tissue. When we were finished with our debridement, we were down to the level of the fascia completely through the subcutaneous tissue."*

CC3Q2008:

Removal – see also Excision

skin

necrosis or slough

excisional 86.22

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RAC Prepayment Review Demonstration Project





- January 1, 2012 - December 31, 2014
- 7 HEAT states (CA, FL, IL, LA, MI, NY, and TX) and 4 states (MI, NC, OH, and PA) with high volumes of short inpatient stays (two days or less)
- Will not replace MAC prepayment review
  - Contractors will coordinate review areas so providers will not be reviewed by two different contractors for the same issues

Postponed until at least June 1, 2012

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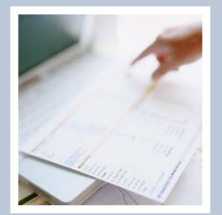
RAC Prepayment Review Demonstration





- Limits on prepayment reviews won't exceed current post-payment ADR limits
- Providers will receive determination on their remittance advice within 45 days
- Recovery Auditors will also send detailed review results letter
- Providers may appeal the denial
  - Same appeal rights as other denials

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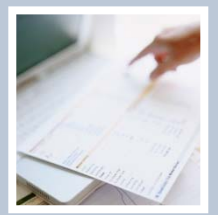
RAC Prepayment MS-DRGs for Review





MS-DRG 312 SYNCOPE & COLLAPSE

MS-DRG 069 TRANSIENT ISCHEMIA
MS-DRG 377 G.I. HEMORRHAGE W MCC

MS-DRG 378 G.I. HEMORRHAGE W CC
MS-DRG 379 G.I. HEMORRHAGE W/O CC/MCC

MS-DRG 637 DIABETES W MCC
MS-DRG 638 DIABETES W CC
MS-DRG 639 DIABETES W/O CC/MCC

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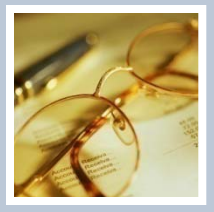
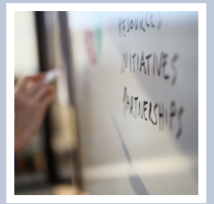
HIM and CDI's Role

1. Review to assure documentation supports the medical necessity.
2. Query physician for supporting documentation as necessary
3. Assure that supporting documentation is available prior to billing
4. Assure that supporting documentation is sent with the ADR request

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