ICD-10 Coding

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We C.A.R.E. About Care

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About Sally

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- Over 36 years of experience in Long-Term Care
- Quality Measure, PPS, Case-Mix & MMQ expertise
- Held positions including:
  - Vice President of Operations
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  - MDS Coordinator
  - Admissions Coordinator & More!

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Disclosure

- Disclosures: The planners and presenters of this educational activity have no relationship with commercial entities or conflicts of interest to disclose
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Criteria for Successful Completion

- View entire recorded session
- Read Additional Handouts (if applicable)
- Completion and submission of
  - Speaker Evaluation Form
  - Post Test
  - Attendance Attestation

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Objectives

- The learner will be able to:
  - State the purpose of ICD-10-CM and its relevance to SNF billing
  - Apply coding conventions when assigning codes
  - Identify Key Components of the Clinical Documentation to support coding
  - Assign ICD-10-CM codes to the highest level of specificity

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Goal

- Clinical documentation must support the ICD-10 codes on the claim and to prevent omission of additional applicable diagnosis codes.
- Coding must reflect the skilled services in support of the billed RUG for accurate and appropriate reimbursement.

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ICD-10
Coding

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Improvements with ICD-10-CM

- Monitoring resource utilization across the continuum of care
- Reduction of miscoded, rejected and improperly reimbursed claims
- Identifying and preventing fraud and abuse
- Improving clinical, financial, and administrative performance
- Allows data review and comparison to be expanded outside of the United States to include international data

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Improvements with ICD-10-CM

- ICD-10-CM may assist Skilled Nursing Facilities (SNFs) in communicating to CMS the medical complexity and acuity of patients in a skilled nursing facility setting
- Historically there has been widespread use of unspecified codes that do not communicate acuity

What is a Diagnosis?

- Constellation of signs, symptoms & findings that support a label for an illness
- It identifies the nature & causes of an illness
- Medical diagnosis is a cognitive process, where a physician uses several data sources & puts the pieces of the puzzle together to formulate a diagnosis

Why is Diagnosis Important?

- Clinical assessment
- Care Plan development
- Clinical reference to communicate history
- Support Medical Necessity of services on Medicare claims
- Monitoring utilization patterns
- Tracking the severity of illness data including mortality and complications
- Public health tracking and reporting

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SNF Uses of Diagnostic Codes

- Medicare Part A/Managed Care UB-04 Billing
- Medicare Part B/Managed Care therapy billing
- MDS coding
- Enteral billing
- Wound Care billing
- Pharmacy
- Outside services (e.g., Radiology, Labs, Physician Visits)
- Quality Measure reporting
- Managed Care contracts
- Medicare Local Coverage Determinations (LCD)

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ICD-10-CM
Coding Formatting

ICD-10-CM Formatting

- ICD-10-CM has 3–7 digits compared to a maximum of 5 digits for ICD-9-CM
- The first three digits identify the disease major category or family
- The next three digits represent the etiology, anatomic site and severity
- The last digit is the extension code used to identify information pertaining to the episode of care

ICD-10-CM Formatting

- Codes may be **3**-7 digits long
- Digit 1 is a letter (A–Z, not case sensitive)
- Digits 2 and 3 are always numeric
- Digits 4-6 are generally numeric unless an “X” is use as a place holder
- Digit 7 always a letter

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"X" Placeholder

- Dummy placeholder character “X” is part of the code to allow for future expansion in the code set
- Acts as a placeholder **only** when a code does has nothing to report in a space **and requires another** digit
- Example: M22.8**x**1 Other disorders of patella, right knee

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"X" Placeholder

- The last “X” in a code will always be followed by another number or alpha:
  - W006XXD (Fall from Bed Subsequent Encounter)
- This is not added to the code it is part of the code and will be seen when the code is looked up in the manual
- Do not add to shorter codes because they look lonely!

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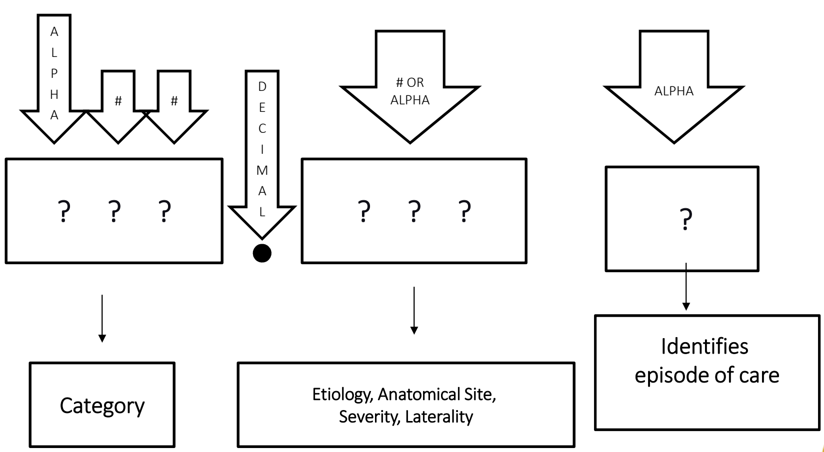
ICD-10-CM Formatting



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ICD-10-CM Formatting

Hip Fracture

S72	•	111	D
Femur Fracture		Greater Trochanter Right Displaced	Subsequent Encounter

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ICD-10-CM General Coding Guidelines

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ICD-10-CM Manual Use

- ICD-10 coding requires utilization of the Manual to code accurately:
  - The 7th Digit and exclusions will not be found in the Alphabetical Index

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SNF Coding Tip: Manual

- Electronic Medical Record, MDS and Rehabilitation software diagnosis look-ups only identify plausible diagnosis:
  - Additional code requirements not identified
  - Exclusions not identified
  - Full code may not be visible on screen

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ICD-10-CM Manual

- Important Manual Content:
  - ICD-10-CM Official Guidelines for Coding and Reporting FY 2016
  - Alphabetical Index
  - Tabular List
  - Neoplasm Table
  - Reference Materials (Anatomical)

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General Coding Guidelines

- ICD-10-CM Official Guidelines for Coding and Reporting
- Set of rules that have been developed to accompany and complement the official conventions and instructions provided within the ICD-10-CM itself
- The official update guidelines can be accessed at the following link:
  - http://www.cdc.gov/nchs/icd/icd10cm.htm

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ICD-10-CM Manual

- Alphabetical Index:
  - Alphabetical list of terms and their corresponding codes
  - Indented subterms appear under main terms:
    - Alphabetic Index of Diseases and Injuries
    - Alphabetic Index of External Causes
    - Table of Neoplasms
    - Table of Drugs and Chemicals

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Alphabetical Index

- Pain (s) (*see also* Painful) R52
  - Abdominal R10.9
    - Colic R10.83
    - generalized R10.84
      - with acute abdomen R10.0

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ICD-10-CM Manual

- The index is comparable to the index in the back of a cookbook, for example:
- Beets:
  - Baked or Roasted, 347-348
  - Borscht, 116-17
  - Creamy Salad, 219
  - Fresh Sauce, 59

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ICD-10-CM Manual

- Tabular List:
  - Chronological list of codes
  - Divided into chapters based on body system or condition
  - Chapters in Tabular structured similarly to ICD-9-CM, with minor exceptions:
    - A few chapters have been restructured
    - Sense organs (eye and ear) separated from Nervous System chapter and moved to their own chapters

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Tabular List

- R10.0 Acute abdomen
  Severe abdominal pain (generalized) (with abdominal rigidity)
  Excludes 1: abdominal rigidity NOS (R19.3)
  generalized abdominal pain NOS (R10.84)
  localized abdominal pain (R10.1-R10.3-)
- R10.1 Pain localized to upper abdomen
  R10.10 Upper abdominal pain, unspecified
  R10.11 Right upper quadrant pain
  R10.12 Left upper quadrant pain

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ICD-10-CM Common Categories

ICD -10-CM Category	Code Range
Infectious and Parasitic diseases	A00-B99
Neoplasms	C00-D49
Diseases of Blood and Blood Forming Organs and Certain Disorders	D50-D89
Endocrine, Nutritional and Metabolic Diseases	E00-E89
Mental, Behavioral, and Neurodevelopmental Disorders	F01-F99

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ICD-10-CM Common Categories

ICD -10-CM Category	Code Range
Diseases of the Nervous System	G00-G99
Diseases of the Eyes and Adnexa	H00-H59
Diseases of the Ear and Mastoid Process	H60-H95
Diseases of the Circulatory System	I00-I99
Diseases of the Respiratory System	J00-J99
Diseases of the Digestive System	K00-K95
Diseases of Skin and Subcutaneous System	L00-L99

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ICD-10-CM Common Categories

ICD -10-CM Category	Code Range
Diseases of the Musculoskeletal System and Connective Tissue	M00-M99
Diseases of the Genitourinary System	N00-N99
Signs, Symptoms, Abnormal Clinical and Laboratory Findings	R00-R99
Injuries, Poisoning and Consequences of External Causes	S00-S99
External Causes of Morbidity	V00-Y99
Factors influencing Health Status and Contact with Health Services	Z00-Z99

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SNF Coding Tip: Categories

- Become familiar with the categories to identify family to verify coding:
  - R-Symptoms Codes assigned by any clinician (former 700s)
  - S-Traumatic Injuries (former 800s)
  - U, V, W-External Injuries (former E Codes)
  - Z-Aftercare Codes (former V codes)

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ICD-10-CM Manual Use

- First: To select a code that corresponds to a diagnosis or reason for a visit documented in a medical record:
  - The classification is divided into chapters
  - The first character of the ICD-10 code is a letter, and each letter is associated with a particular category
  - Locate the lead term in the Alphabetic Index. This will usually be the last word of the diagnosis (CHF look up failure, not heart).

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General Coding Guidelines

- Alphabetic Index Hints:
  - Parentheses are used to enclose supplementary words, which may follow a diagnostic term without affecting the code number to which the words outside the parentheses would be assigned
  - A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required
  - For diseases and injuries this is usually a noun for the pathological condition

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General Coding Guidelines

- Next: Verify the code in the Tabular List
- It is necessary to use both since the Alphabetic Index does not always provide the full code
- The full code, including laterality and any applicable 7th character, can only be selected from the Tabular List

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General Coding Guidelines

- Tabular List Hints:
  - Be guided by any note that appears
  - Be guided by any inclusion or exclusion terms
  - Codes are invalid if missing an applicable character
  - All codes must contain the correct number of digits
  - Confirm that no 7th character is required
  - Code based on the clinical information collected until the manual states this is a specific code used to specify a diagnosis

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General Coding Guidelines

- If you do not look up a code in the alphabetical index and verify the code in the tabular, you will not find an accurate ICD-10 code
- Similar to a cookbook, if you only look up the code in Alphabetical Index, you will never find the recipe

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General Coding Guidelines

- NEC—not elsewhere classifiable—represents "other specified": When a specific code is not available in the Alphabetic Index, use the "other specified" code on the Tabular List
- NOS—not otherwise specified—equivalent to unspecified

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General Coding Guidelines

- NEC: "Other" codes or "Other Specified" are used when information in the medical record provides detail for which a specific code does not exist
- NOS: "Unspecified" codes are used when information in the medical record is insufficient to assign a more specific code:
  - If an unspecified code is not provided, the "other specified" code may be used for both cases

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Unspecified Codes

- Unspecified codes should only be reported when they are the codes that most accurately reflect what is known about the patient's condition at the time
- It would be **inappropriate** to select a specific code that is not supported by the medical record documentation

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Unspecified Codes

- Unspecified codes may have been used initially to convert long standing patients because "information in the medical record is insufficient to assign a more specific code"
- If sufficient information is in the medical record or readily available unspecified codes should not be utilized:
  - Assessment of the patient may be needed to clarify laterality (Left or Right) Hemiparesis
  - Ordering a CT Scan is likely not in order to determine the etiology of a 30-year-old CVA so we can code accurately

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Codes for Sign(s) and/or Symptom(s) (R00-R99)

- The conditions and signs or symptoms included in categories R00-R99 consist of:
  - Cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
  - Provisional diagnosis (e.g., reported for obtaining a labs)
  - Cases in which a more precise diagnosis was not available
  - Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right

SNF Coding Tip: Symptoms

- Commonly used for Therapy treatment codes
- When a definitive diagnosis has not been established, it is appropriate to report codes for sign(s) and/or symptom(s):
  - Signs and symptoms involving speech Dysarthria (R47.1)

    Versus

  - Cerebrovascular Disease Dysarthria (I69.822)

SNF Coding Tip: Symptoms

- Commonly used for ordering Labs or Medications when a Diagnosis is not definitive
- Urinary Analysis suspected UTI:
  - R39.12 Poor Urinary Stream
  - R39.81 Functional Urinary Incontinence
  - R50.9 Fever
- Do not add UTI diagnosis until confirmed

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Specified Codes

- Physician Documentation must support all coding:
  - E11.9 Type 2 diabetes mellitus without complications can only be determined by a Physician
  - I49.8 Other specified cardiac arrhythmias:
    - Must Specify-Coronary sinus rhythm disorder, Nodal rhythm disorder…
  - E08.69 Diabetes mellitus due to underlying condition with other specified complication must use additional code to identify complication

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ICD-10 Exclusions and Inclusions

- Inclusion terms: Are a list of terms for the conditions for which that code is to be used:
  - May be synonyms of the code title, or,
  - With the "other specified" code, they list the various conditions assigned to that code

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ICD-10 Exclusions and Inclusions

- Exclude Notes:
  - There are two types of exclude notes, which have different meanings, but both indicate that the codes excluded from each other are independent of each other
  - Excludes 1 means: "Not coded here!"
  - Excludes 2 represents: "Not included here"

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ICD-10 Exclusions and Inclusions

- Excludes 1: "Not coded here!":
  - Used when two conditions cannot occur together
  - Example: Q03 – Congenital hydrocephalus

    Excludes 1: Acquired hydrocephalus (G91.-)

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ICD-10 Exclusions and Inclusions

- Excludes 2: "Not included here":
  - Excludes 2 – Indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time, in which case both codes may be assigned together (both codes can be reported to capture both conditions)
  - Example: L27.2 – Dermatitis due to ingested food. Excludes 2: Dermatitis due to food in contact with skin (L23.6, L24.6, L25.4)

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ICD-10 Coding Terminology

ICD-10 Coding Terminology: Encounter

- Significant difference between ICD-9-CM and ICD-10-CM is the need to assign a 7th character to differentiate encounter:
  - 7th character extension
- Predominant in:
  - Injuries (Fractures S12.110D)
  - (Acute) Diseases of the Musculoskeletal System (M80.011D)
  - Pregnancy & Childbirth

ICD-10 Coding Terminology: Encounter

- Manual states "The appropriate 7th character is to be added to category…" from specific list
- Common Episodes of Care:
  - A Initial encounter involves active treatment
  - D Subsequent care occurs after active treatment and receiving routine care during the healing or recovery phase
  - S Sequela – complications or conditions that arise as a direct result of an injury (previously called 'late effect')

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ICD-10 Coding Terminology: Encounter

Episodes of Care:

- A: Initial encounter for closed fracture hospital, ER, clinic
- D: Subsequent encounter for fracture routine healing
- G: Subsequent encounter for fracture delayed healing
- K: Subsequent encounter for fracture nonunion
- P: Subsequent encounter for fracture malunion
- S: Sequela

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ICD-10 Coding Terminology: Encounter

- Case Study:
  - A patient has a displaced, closed fracture of the greater trochanter of the right femur (S72.111)

The following codes would be assigned for this case…

ICD-10 Coding Terminology: Encounter

- Patient seen in the ER, admitted, and surgery performed: S72.111A, Initial encounter for closed fracture
- Admitted to Skilled Nursing Facility for rehabilitation after hip replacement: S72.111D, Subsequent encounter for closed fracture with routine healing
- Discharged from long-term care and home health to continued physical therapy: S72.111D, Subsequent encounter for closed fracture with routine healing

ICD-10 Coding Terminology: Encounter

- Patient visits hospital radiology department for X-ray: S72.111D, Subsequent encounter for closed fracture with routine healing
- Patient to physician office for follow-up visit: S72.111D, Subsequent encounter for closed fracture with routine healing
- Patient to physician office with hip pain 6 months after healing S72.111S, Sequela encounter

SNF Coding Tip: Encounter

- Software Converters converted to "A"
- "D" means aftercare and is used for most injuries in a SNF
- "S" used when the acute injury is healed, yet the issue continues to have an impact on function:
  - May resolve the diagnosis when healed or change to "S"
- "A" is for Acute at Hospital

Combination Code

- A combination code is a single code used to classify two diagnoses:
  - A diagnosis with an associated secondary process (manifestation)
  - A diagnosis with an associated complication
- May clinically link 2 diagnoses together
- How does the diagnosis manifest itself in the body?

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Combination Code

- To allow for a greater level of specificity and clinical detail, ICD-10-CM has expanded combination coding for conditions and common symptoms or manifestations
- Physician must document the link between diagnoses:
  - Examples:
    - E10.21 Type 1 diabetes mellitus with diabetic nephropathy
    - I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
    - K50.112 Crohn's disease of large intestine with intestinal obstruction

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Etiology/Manifestation Convention

- Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology
- Wherever such a combination exists, there may be a "use additional code" note

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Etiology/Manifestation Convention

- Example: E13.621, Other specified diabetes mellitus with foot ulcer
- "Use additional code" to identify site of ulcer (L97.4-, L97.5-)"
- L97, Non-pressure chronic ulcer of lower limb, NEC

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Basic ICD-10-CM Coding Examples

Examples: COPD

Acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD)

- Step 1:
  - Look up term in Alphabetic Index:
    - J44 Other Chronic Obstructive Lung Disease

  With
  - Acute bronchitis J44.0
  - Exacerbation (acute) J44.1
  - Lower respiratory infection (acute) J44.0

Examples: COPD

- Step 2 Verify code in Tabular:
  - J44 Other Chronic obstructive pulmonary disease, includes:
    - Asthma with chronic obstructive pulmonary disease
    - Chronic asthmatic (obstructive) bronchitis
    - Chronic bronchitis with airways obstruction
    - Chronic bronchitis with emphysema
    - Chronic emphysematous bronchitis
    - Chronic obstructive asthma
  - There are codes below that define in greater detail

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Examples: COPD

- Step 2 Verify code in Tabular (define in greater detail):
  - J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
  - J44.1 with acute exacerbation
  - J44.9 Chronic obstructive pulmonary disease, unspecified:
    - Chronic obstructive airway disease NOS
    - Chronic obstructive lung disease
- Code Assignment: J44.1

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Examples: Diabetes

- Type I diabetes mellitus with diabetic nephropathy
- Step 1: Look up term in Alphabetic Index:
  - Diabetes
  - E10 Type 1:
    - E10.1 Type I Diabetes with Ketoacidosis:
      - E10.2 Type I Diabetes with Kidney Complications

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Examples: Diabetes

Step 2 Verify code in Tabular (define in greater detail):

- E10 Type 1 diabetes mellitus
- E10.2 Type 1 diabetes mellitus with kidney complications
- E10.21 Type 1 diabetes mellitus with diabetic nephropathy:
  - Type 1 diabetes mellitus with intercapillary glomerulosclerosis
  - Type 1 diabetes mellitus with intracapillary glomerulonephrosis
  - Type 1 diabetes mellitus with Kimmelstiel-Wilson disease

- Code Assignment: E10.21

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Examples: Fracture

- Displaced fracture of the lateral end of the right clavicle, subsequent encounter
- Step 1: Look up term in Alphabetic Index:
  - Fracture, traumatic – Clavicle:
    - S42.0 – Clavicle:
      - S42.03 – Fracture of lateral end of clavicle:
        - S42.031 - Displaced

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Examples: Fracture

- Step 2 Verify in tabular (define in greater detail):
  - S42.031 Fracture Clavicle
  - The code with the appropriate 7th character is to be selected:
    - S42.031A Initial Encounter Closed
    - S42.031B Initial Encounter Open
    - S42.031D Subsequent encounter routine healing
- The 7th Digit only located in the Tabular
- Code Assignment: S42.031D

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ICD-10 Coding Concepts Impacting a SNF

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ICD-10 Laterality

- Laterality for all paired organs or structures:
  - Prevalent in Chapters 9, 13 and 19
- Side of dominance left, right, or ambidextrous (defaults to right)
- Examples:
  - Primary osteoarthritis right ankle and foot (M19.071), Left (M19.072)
  - Cerebral Infarction due to embolism right carotid artery (I63.131), Left (I63.132)
  - Hemiparesis following nontraumatic intracerebral hemorrhage right non-dominant side (I69.153), right dominant (I69.151)

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Coding Fractures

- "The aftercare Z codes should also not be used for aftercare for injuries. For aftercare of an injury, assign the acute injury code with the appropriate 7th character (for subsequent encounter)":
  - The specific acute fracture code will be used followed by the appropriate 7th digit extension to indicate Episode of Care
  - Skilled Nursing Facilities will no longer use aftercare codes when coding fractures
- A physician will need to document with clarity the type and classification of fracture at the onset of injury in order to accurately code fractures

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Coding Fractures

- External Codes for Injuries provide information about:
  - Cause: The injury or health condition occurred
  - Intent (unintentional or accidental, or intentional, such as suicide or assault)
  - Place where the event occurred
  - Activity of the patient at the time of the event
  - The person's status

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V, W, X and Y Codes

- X37.41 Tidal wave (tsunami) due to volcanic eruption
- W5922XA Struck by a turtle, initial encounter
- V91.07XA Burn due to water-skis on fire, initial encounter
- W61.33XA Pecked by chicken, initial encounter
- W18.31xD Fall, due to stepping on a small animal:
  - W01.0XXD Fall on same level from tripping/stumbling without striking object subsequent encounter
- These codes should never be coded on a UB-04
- External Injury codes beginning with V, W, X, or Y

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External Codes for Injuries

- Not reflected in Therapy Local Coverage Determinations
- External Codes for injury should not be included on SNF UB-04 claims
- Most of these codes were previously E codes under ICD-9
- Improper use of these codes for billing could result in denial of the claim:
  - For example, when a claim is submitted for multiple fractures and indicates the injury occurred when struck by a motor vehicle, the claim will be flagged as a Medicare Secondary Payor Claim

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Coding Fracture: Example

- Resident admitted to the SNF after a qualifying hospital stay for care related to the management of a displaced subtrochanteric fracture of the left femur. The fracture occurred when the patient tripped over her cat.

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Coding Fracture: Example

ICD-9 CM	ICD-10 CM
V54.13 Aftercare for healing traumatic fracture of hip	S72.22xD Displaced subtrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing

W18.31xD Fall, due to stepping on a small animal may be rejected on Medicare claims

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Sequela Codes Replace "Late Effects" for CVA

- When coding the "late effects" of a CVA previously coded under ICD-9-CM in the 438.XX category, use the I69 category under ICD-10-CM
- "Late effects" include neurological deficits that persist after initial onset of conditions
- The documentation should clearly indicate whether the neurologic deficits were present from the onset

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Sequela Codes Replace "Late Effects"

- These etiologies include:
  - I69.0 ...Non-traumatic subarachnoid hemorrhage
  - I69.1 ...Non-traumatic intracerebral hemorrhage
  - I69.2 ... Non-traumatic intracranial hemorrhage
  - I69.3... Cerebral infarction
  - I69.8... Other cerebrovascular diseases

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Sequela Codes Replace "Late Effects": Sample Conversion

ICD-9 CM	ICD-10 CM	ICD-10 Descriptor
438.82 Dysphagia (Other late effects of cerebrovascular disease)	I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage
	I69.191	Dysphagia following nontraumatic intracerebral hemorrhage
	I69.291	Dysphagia following other nontraumatic intracranial hemorrhage
	I69.391	Dysphagia following cerebral infarction
	I69.891	Dysphagia following other cerebrovascular disease
	I69.991	Dysphagia following unspecified cerebrovascular disease

SNF Coding Tip: CVAs

- No code for Acute CVA (old 436)
- "Sequelae" or late effects of cerebrovascular disease include conditions specified as such or as residuals which may occur at any time after the onset of the causal cerebrovascular event
- In the cases where a patient has personal history of cerebral infarction without residual deficit, the appropriate code is Z86.73:
  - In these cases, unspecified residuals of cerebrovascular disease is not appropriate

SNF Coding Tip: CVAs

- Neurological deficits are detailed in the 5th and 6th position of the code and are consistent for I codes:
- I69
  - .*20 Aphasia
  - . *22 Dysarthria
  - . *23 Fluency
  - . *28 Other speech and language deficits
  - . *90 Apraxia
  - . *91 Dysphagia
  - . *92 Facial weakness

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SNF Coding Tip: CVAs

- I69
  - . *31 Monoplegia UE right dominant side
  - . *32 Monoplegia UE left dominant side
  - . *33 Monoplegia UE right non-dominant side
  - . *34 Monoplegia UE left non-dominant side
  - . *41 Monoplegia LE right dominant side
  - . *42 Monoplegia LE left dominant side
  - . *43 Monoplegia LE right non-dominant side
  - . *44 Monoplegia LE left non-dominant side

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SNF Coding Tip: CVAs

- I69
  - . *51 Hemiplegia/Hemiparesis right dominant
  - . *52 Hemiplegia/Hemiparesis left dominant
  - . *53 Hemiplegia/Hemiparesis right non-dominant
  - . *54 Hemiplegia and hemiparesis left non-dominant
  - . *93 Ataxia
  - . *98 Other sequelae (e.g. sensation, disturbance of vision) following other cerebrovascular disease

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Sequela Codes Replace "Late Effects"

- In some cases when coding the Sequela of cerebrovascular disease it will be necessary to also include an additional code to identify the type of Sequela
- With the I69 codes for dysphagia following a CVA, an additional code should also be included from R13.1- to identify the specific type of dysphagia:
  - Oral Stage Dysphagia
  - Pharyngeal Stage Dysphagia

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Sequela Codes Replace "Late Effects" for CVA

- When a patient with right-sided dominant hemiplegia following a cerebrovascular infarction is admitted to the SNF for rehabilitation the first-listed or principal diagnosis would be:
  - I69.351, Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side

Sequela Codes Replace "Late Effects" for CVA

- In Summary:
  - Etiology of CVA
  - Manifestation in the Body- neurological deficits that persist
  - Left versus Right
  - Dominant versus Non-Dominant
  - Multiple CVA codes may be needed

Elimination of Therapy V-Codes

- ICD-9 CM uses diagnosis codes from the V57 series to identify encounters for therapy:
  - V57.1: Care involving Occupational Therapy services
  - V57.2: Care involving Physical Therapy services
  - V57.3: Care involving Speech Therapy services
  - V57.89: Care involving multiple therapies

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Elimination of Therapy V-Codes

- The V-Codes provided no clinical information about the patient other than the fact that therapy services are being provided
- ICD-10-CM will require much more specificity related to the medical condition resulting in the encounter for therapy
- The specific medical diagnosis should be coded in combination with any applicable treatment diagnosis

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Elimination of Therapy V-Codes

- Converters used Z51.89 Encounter for other Specified Aftercare
- This code is not appropriate and does not support Rehabilitation claims
- Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2016: When the purpose for the admission/encounter is rehabilitation, sequence first the code for the condition for which the service is being performed

Elimination of Therapy V-Codes

- For example:
  – "For an admission/encounter for rehabilitation for right-sided dominant hemiplegia following a cerebrovascular infarction, report code I69.351, Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, as the first-listed or principal diagnosis"

Elimination of Therapy V-Codes

- For example:
  - "Report the appropriate aftercare code as the first-listed or principal diagnosis. For example, if a patient with severe degenerative osteoarthritis of the hip underwent hip replacement and the current encounter/admission is for rehabilitation, report code Z47.1, Aftercare following joint replacement surgery, as the first-listed or principal diagnosis"

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Z Codes

- Many ICD-9 V Codes are now ICD-10 Z Codes:
  - Use of Z codes to identify status codes
  - Z79.2 Long term use of antibiotics
  - Z97.13 Presence of artificial right leg
  - Z47.89 Encounter for other orthopedic aftercare:
    - Not required if 7th digit Aftercare ("D") coded for Fracture Utilize (S72.111D)

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Aftercare Following Joint Replacement

- Z47.1 Aftercare following joint replacement surgery with additional code to identify the joint (Z96.6-):
  - Z96.641 Presence of right artificial hip joint
  - Z96.642 Presence of left artificial hip joint
  - Z96.651 Presence of right artificial knee joint
  - Z96.652 Presence of left artificial knee joint
  - Z96.653 Presence of artificial knee joint, bilateral
- Z47.2 Encounter for removal of internal fixation device

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Z Codes for Ostomies

Type of Ostomy	Attention to:	Status
Tracheostomy	Z43.0	Z93.0
Gastrostomy	Z43.1	Z93.1
Ileostomy	Z43.2	Z93.2
Colostomy	Z43.3	Z93.3
Other GI	Z43.4	Z93.4
Cystostomy	Z43.5x	Z93.5x
Other Urinary	Z43.6	Z93.6
Other artificial opening	Z43.8	Z93.8

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Diagnosis Coding for SNFs

Diagnosis Coding for SNFs

- The facility should have a specific location for the official active diagnosis list
- Must be verified by a Physician
  - Physician orders
  - Physician signed listing
  - Physician progress notes
- Facility should have a system in place to add and remove from the "official list":
  - e.g., Physician telephone order

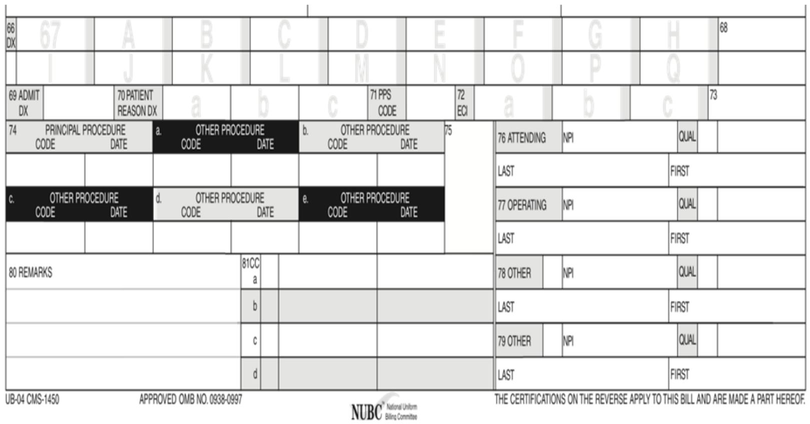
Diagnosis Coding for SNFs

- Ensure the resident's history is maintained for use by clinical staff:
  - EMR
  - Paper
- Maintain the Clinical Integrity of the medical record to ensure quality of care

Medicare Part A

- ICD-10 is reported on the UB-04 claim
- Must be selected from the list of diagnoses that have been documented by the Physician
- Coordination between MDS, Rehab and Business Office is required to ensure accuracy:
  - Simply listing on the MDS may result in inaccurate reporting or Additional Documentation Requests
- Triple Check is strongly recommended

Diagnosis Codes: UB-04 Fields 66-69



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Medicare Part A Reviews

- Medicare Part A and Managed Care claims can be selected for review by Medicare and other reviewing entities based on ICD-10 coding on the UB-04:
  - Selected for further review when Diagnosis Codes listed are unlikely to support reimbursement for services provided

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Updating Diagnosis Coding

- ICD-10 codes are assigned on admission and concurrently as diagnoses arise throughout a stay
- Often when the OBRA or PPS Minimum Data Set (MDS) is completed:
  - Require updating as the stay progresses
  - Rehabilitation services are initiated or discontinued
  - Significant Change
  - New diagnosis assigned
  - Return from Medical Leave

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Medicare Part A UB-04

- Step 1: Collect all diagnosis codes in the medical record to have a menu of ICD-10 codes to select from:
  - Acute Care Hospital Discharge Summary
  - Therapy Evaluations
  - Physician Orders
  - MDS
  - Diagnostic Studies
  - Physician Documentation

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Medicare Part A UB-04

- Step 1: Collecting Diagnosis Reminders:
  - To apply correct coding principles and support ongoing skilled care in the SNF, the record must specify whether the condition is acute (in the active phase), resolving, resolved, or chronic
  - If a condition (such as pneumonia or sepsis) is still in the acute phase and being actively treated the acute code is used
  - If the prescribed drug treatment is completed and the clinical indicators are absent the aftercare codes are used

Medicare Part A UB-04: Principal Diagnosis

- Step 2: Select the principal diagnosis:
  - The principal diagnosis is defined in the Uniform Hospital Discharge Data Set (UHDDS) as “that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care”
  - The circumstances of the inpatient admission always governs the selection of principal diagnosis
  - The principal diagnosis is defined as 'that condition established after study to be chiefly responsible for occasioning the admission”

Medicare Part A UB-04: Principal Diagnosis

- SNFs may assign codes for acute (unresolved) conditions, sequelae (residual effects), chronic conditions, and aftercare (healing, recovery phase, or long-term consequences of the disease)
- The reason for the SNF admission must be clearly identified in the record
- The documentation must be consistent with and linked to the clinical condition

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Medicare Part A UB-04: Principal Diagnosis

- When a beneficiary is readmitted to the SNF for continued care following an inpatient hospital stay for continuity of treatment or care, the readmission condition will not necessarily be sequenced as the principle code
- For example, when a resident who was admitted to the SNF for subsequent care of a hip fracture is readmitted to the hospital for pneumonia, the hip fracture diagnosis may continue to be coded as the primary diagnosis with the pneumonia coded secondary on return to the SNF

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ICD-10-CM Official Guidelines for Coding and Reporting FY 2016

- Codes for symptoms, signs, and ill-defined conditions from Chapter 18 are not to be used as principal diagnosis when a related definitive diagnosis has been established
- R Codes should not be used as principal diagnosis on a Medicare Part A claim on UB-04 Claims unless documented by a Physician as a medical diagnosis:
  - Therapy treatment codes generally not utilized
  - Dysphagia R131.13 may be appropriate if Physician has assigned this diagnosis because it is the most specific definitive diagnosis

Symptom Codes

Codes for Sign(s) and/or Symptom(s) (R00-R99)

- The conditions and signs or symptoms included in categories R00-R99 consist of:
  - Cases for which no more specific diagnosis can be made even after all the facts bearing on the case have been investigated
  - Provisional diagnosis (e.g., reported for obtaining labs)
  - Cases in which a more precise diagnosis was not available
  - Certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right

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Codes for Sign(s) and/or Symptom(s) (R00-R99)

- Codes that describe symptoms and signs are only acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed)
- Commonly used for Therapy Treatment Codes

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Codes for Sign(s) and/or Symptom(s) (R00-R99)

- Codes for signs and symptoms may be reported in addition to a related definitive diagnosis when the sign or symptom is not routinely associated with that diagnosis
- Signs or symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification
- Combination codes that include symptoms ICD-10-CM contains a number of combination codes that identify both the definitive diagnosis and common symptoms of that diagnosis:
  - When using one of these combination codes, an additional code should not be assigned for the symptom

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SNF Coding Tip: Symptoms

- Signs and symptoms involving speech Dysarthria (R47.1)

Versus

- Cerebrovascular Disease with Dysarthria (I69.822)

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Labs and Tests

- Commonly used for ordering Labs or medications when a diagnosis is not definitive
- Urinary Analysis suspected UTI:
  - R39.12 Poor Urinary Stream
  - R39.81 Functional Urinary Incontinence
  - R50.9 Fever
- Cannot add UTI diagnosis until confirmed

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Considerations for Therapy

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ICD-10 Coding for Therapy

- All facility staff involved in ICD-10 Coding should have an understanding of how Therapy selects ICD-10 Codes in order to develop a process of communication
- Therapy medical diagnosis is selected from the ICD-10 Codes documented in the medical record
- These diagnoses are coded on Admission and throughout the Skilled or Non-Skilled Stay

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Therapy Diagnosis

- The Plan of Care (Evaluation) documents the Medical and Treatment diagnosis to support the therapy treatment:
  - “Primary diagnosis" or "medical diagnosis" is the diagnosis resulting in the therapy disorder and relating to 50% or more of effort in the plan of treatment
  - May or may not be the same diagnosis as Nursing
  - Treatment diagnosis reflects specific diagnosis for which services are rendered
  - Does not have to be the first listed in the discharge summary

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Therapy Diagnosis

- With the elimination of therapy V codes, the medical diagnosis on therapy evaluations is now critically important
- These codes will now be added to the menu of potential codes to use on the UB-04
- Each therapy discipline may select different codes
- Both the medical and treatment codes should be considered for inclusion on the UB–04

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Therapy Treatment Code

- Treatment diagnosis reflects specific diagnosis for which services are rendered:
  - Symptom related to medical diagnosis supporting Treatment Plan
  - Code may not be reflected in the medical record (R codes)
  - All other codes must have Physician documentation (if codes begin with anything other than R)
  - Weakness R53.1 is a symptom a clinician can assign
  - Generalized M62.81 requires a Physician to document

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Medicare Part B

- Medicare Part B utilizes the Local Coverage Determinations (LCDs) established by the Medicare Administrative Contractor for billing:
  - Clinical and technical requirements
  - May deny when Part B Therapy services are billed and these codes are not listed as primary:
    - Particularly for Speech
- May apply to Medicare Part A

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Review MAC Specific LCDs

- https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx
- Note some Local Coverage Determinations (LCDs) now state Clinical Requirements Apply to Part A and Part B
  - 021x Skilled Nursing - Inpatient (Including Medicare Part A)
  - 022x Skilled Nursing - Inpatient (Medicare Part B only)
- Required reading for all therapists for compliance

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Therapy Medical Diagnosis

- ICD-10 is more specific and individualized to each patient
- Previously therapists may use general codes for hip fracture but now will need to identify a more specific code:
  - Throw out your quick reference lists!!
- Multiple codes may be required to accurately code and support the claim

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SNF Coding Tip: Therapy

- Rehabilitation EMR may connect to Medical EMR
- Therapy evaluations may be completed on Date of Admission and must be closed on the same day:
  - When are codes entered into the Medical EMR?
  - Do therapists have all the information to code?

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ICD-10 Multiple Sites

- For conditions involving multiple sites there often is a "multiple sites" code available
- If no "multiple sites" code is available, you should report multiple codes to indicate all of the different sites involved not a NOS or NEC:
  - Unilateral Osteoarthritis of the right knee M17.11
  - Unilateral primary osteoarthritis right hip M16.11

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External Causes Codes (V, W, X and Y Codes)

- You will find these codes in Chapter 20
- Should not be used
- These secondary codes further describe the cause of an injury or health condition by capturing how it happened (cause), the intent (intentional or accidental), the place the event occurred, the activity the patient was engaged in at the time of the event, and the person's status

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External Causes Codes (V, W, X and Y Codes)

- The patient strained his or her Achilles tendon when he or she fell while walking:
  - Injury/Diagnosis: Short Achilles tendon injury acquired right ankle Code M67.01
  - An activity Code: Fall on same level from tripping/stumbling without striking object subsequent encounter W01.0XXD
- W01.0XXS Fall sequela W01.0XXS cannot be utilized to bill Medicare Part A or B Therapies

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Speech LCD Review

- Speech LCDs may include "ICD-10 Codes that Support Medical Necessity"
- Range of 96 (NGS) to 958 (CGS) Diagnoses:
  - All those not listed under the "ICD-10 Codes that Support Medical Necessity" must bill a code from LCD
- Many Medical Cognitive Codes (e.g. Dementia) have an "*" may indicate MAC focus on reason for Speech
- Use additional code to clarify the reason/diagnosis for SLP services, e.g., R41.841 Cognitive communication deficit

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Speech: Symptoms & Signs

- Most of the treatment codes applicable to Speech Therapists appear in:
  - R40 – R46 Symptoms and signs involving cognition, perception, emotional state and behavior
  - R47 – R49 Symptoms and signs involving speech and voice
- More specific diagnosis codes based on underlying cause or condition should be investigated and may be used together with codes in this section
- May be required if a medical code for Cognitive Loss is used

Speech-Language Pathology

- May also appear in the following:
  - R00 – R09 circulatory and respiratory systems
  - R10 – R19 digestive systems
  - R25 – R29 nervous and musculoskeletal systems
  - R40 – R46 cognition, perception
  - R47 – R49 speech and voice
  - R50 – R69 general symptoms and signs
  - R83 – R89 abnormal findings on examination

Speech-Language Pathology Examples

- R48.8 Other symbolic dysfunctions
- R41.81 Age-related cognitive decline
- R41.841 Cognitive communication deficit
- R41.840 Attention and concentration deficit
- R41.844 Frontal lobe and executive function deficit
- R41.89 Other symptoms and signs involving cognitive functions and awareness
- R49.0 Dysphonia
- R49.1 Aphonia
- R47.1 Dysarthria and anarthria
- R47.81 Slurred speech
- R47.89 Other speech disturbances
- R48.2 Apraxia
- R47.01 Aphasia
- R47.02 Dysphasia

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More Specific Code

- I69.192 Facial weakness following nontraumatic intracerebral hemorrhage
- I69.21* Cognitive deficits following other nontraumatic intracranial hemorrhage
- I69.220 Aphasia following other nontraumatic intracranial hemorrhage
- I69.222 Dysarthria following other nontraumatic intracranial hemorrhage
- I69.290 Apraxia following other nontraumatic intracranial hemorrhage
- I69.31* Cognitive deficits following cerebral infarction

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Dysphagia

- Symptom codes **may be used to clarify or alone** when there is not a more specific code
- R13.1 Must be specified to phase of swallow:
  - R13.11 Dysphagia oral phase
  - R13.12 Oropharyngeal phase
  - R13.14 Pharyngoesophageal

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Dysphagia

- I69.191 Dysphagia following nontraumatic intracerebral hemorrhage
- I69.291 Dysphagia following other nontraumatic intracranial hemorrhage
- I69.391 Dysphagia following cerebral infarction
- I69.891 Dysphagia following other cerebrovascular disease
- I69.991 Dysphagia following unspecified cerebrovascular disease

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Speech Examples

- The patient is treated by SLP following a CVA. Treatment Plan is for cognitive-communication:
  - I69.31* Cognitive deficits following cerebral infarction
  - R41.841 Cognitive communication deficit

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Speech Examples

- The patient is treated by SLP following a CVA related to cerebral hemorrhage. Treatment plan is for Dysphagia. Upon evaluation deficits in the oral and Pharyngeal phases of swallow are identified:
  - I69.191 Dysphagia following non-traumatic intracerebral hemorrhage
  - R13.12 Oropharyngeal phase

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More Codes for PT and OT

- Review all available codes and your MACs Local Coverage Determinations to ensure codes are specific and individualized to the patient
- Avoid unspecified codes when a more specific code is available

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Physical and Occupational Therapies

- Many of the medical codes applicable to Physical and Occupational therapists appear in:
  - Chapter 9 (I00-I99): Diseases of the Circulatory System
  - Chapter 13 (M00-M99): Diseases of the musculoskeletal system and connective tissue
  - Chapter 19 (S00-T88): Injury, poisoning and certain other consequences of external causes
- Many of the treatment codes applicable to Physical and Occupational therapists appear in:
  - Chapter 18, "Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified" includes codes from R00-R99

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Examples From LCDs

- R26.0 Ataxic gait
- R26.1 Paralytic gait
- R26.2 Difficulty in walking, not elsewhere classified
- R26.81 Unsteadiness on feet
- R26.89 Other abnormalities of gait and mobility
- R41. Neurologic neglect syndrome
- R20. Anesthesia of skin
- R20.1 Hypoesthesia of skin
- R25.0 Abnormal head movements
- R25.1 Tremor, unspecified
- R25.2 Cramp and spasms
- R25.3 Fasciculation
- R25.8 Other abnormal involuntary movements
- R27.0 Ataxia, unspecified
- R63.3 Feeding difficulties
- R48.2 Apraxia

Treatment Code Examples from PT/OT LCDs

- R27.8 Other lack of coordination
- R29.3 Abnormal posture
- R29.4 Clicking hip
- R29.5 Transient paralysis
- R29.6 Repeated falls
- M79.601 Pain in right arm
- M79.605 Pain in left leg
- R29.818 Other symptoms and signs involving the nervous system
- R29.898 Other symptoms and signs involving the musculoskeletal system

Treatment Code Examples from PT/OT LCDs

- Physical and Occupational Therapist should become familiar with all chapters of the Alphabetical Listing
- ICD-10 Codes may appear in many locations of the manual
- The following may be commonly utilized:

Contractures

- M62.3 Immobility syndrome (paraplegic)
- M62.411 Contracture of muscle, right shoulder
- M62.412 Contracture of muscle, left shoulder
- M62.421 Contracture of muscle, right upper arm
- M62.422 Contracture of muscle, left upper arm
- M62.431 Contracture of muscle, right forearm
- M62.432 Contracture of muscle, left forearm
- M62.441 Contracture of muscle, right hand
- M62.442 Contracture of muscle, left hand
- M62.451 Contracture of muscle, right thigh

Section Z

- Z47.1 Aftercare following joint replacement surgery, as the principal or first-listed diagnosis
- Z97.13 Presence of artificial right leg (complete) (partial)
- Z97.14 Presence of artificial left leg (complete) (partial)
- Z97.15 Presence of artificial arms, bilateral (complete) (partial)
- Z97.16 Presence of artificial legs, bilateral (complete) (partial)
- Z99.3 Dependence on wheelchair

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Falls

- Current symptom R29.6 repeated falls is used for encounters when a patient has recently fallen and the reason for the fall is being investigated
- History Z91.81 past history of falls and future risk for falls with no recent fall

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Coding Fractures

- Fracture Coding Tips:
  - Specific anatomical location of fracture
  - Type of fracture/etiology
  - A fracture not indicated as displaced or non-displaced should be coded displaced
  - A fracture not indicated as open or closed should be coded closed
  - Review all episodes of care coding carefully (7th position)

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Coding Femur Fractures

- Ensure etiology of fracture is established to code accurately:
  - S72.11??Displaced fracture of greater trochanter of left femur
  - M80.05?? Age-related osteoporosis with current pathological fracture
  - M84.35?? Stress fracture pelvis/femur
  - M84.55?? Pathological fracture in neoplastic disease pelvis/femur

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Pathological Fracture

- Document location:
  - Bone (distal, proximal, shaft, etc.)
  - Laterality
- Document etiology:
  - Osteoporosis
  - Disuse
  - Drug-induced
  - Postmenopausal
  - Idiopathic

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Pathological Fracture

- Document encounter type:
  - Initial encounter
  - Subsequent encounter
  - Routine healing
  - Nonunion
  - Malunion
  - Sequela
- Document any associated diagnoses/conditions

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Osteoporosis

- M80.011D Age-related osteoporosis with current pathological fracture, right shoulder, subsequent encounter for fracture with routine healing
- M88.88XD Age-related osteoporosis with current pathological fracture, vertebra, subsequent encounter for fracture with routine healing
- M81.0 Age-related osteoporosis without current pathological fracture

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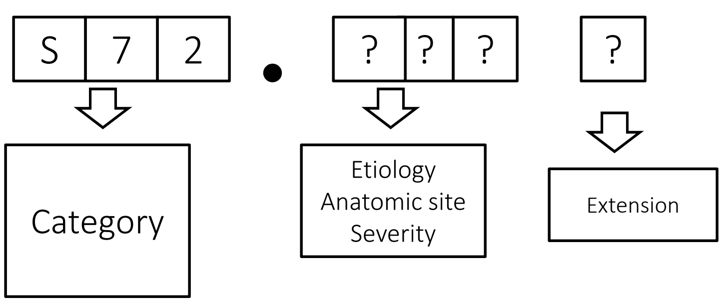
Example: Coding Femur Fractures

Displaced fracture of greater trochanter of right femur, subsequent encounter for closed fracture with routine healing



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Example: Coding Femur Fractures

S | 7 | 2

Category

S70-S79 Injuries to Hip & Thigh
S72 Fracture Femur
S77 Crushing Injury Hip & Thigh

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Example: Coding Femur Fractures

S | 7 | 2 . 1 | 1 | ?

Femur Fracture

Anatomic Site Severity

11? Displaced fracture of greater trochanter

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Example: Coding Femur Fractures

S	7	2	•	1	1	1

Hip Fracture

1 Right
2 Left
3 Unspecified

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Example: Coding Femur Fractures

S	7	2	•	1	1	1	D

Hip Fracture

Episode of Care
D Routine Healing
M Closed Fracture with Malunion

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Example: Coding Femur Fractures

- Final code S72.111D
- Displaced fracture of greater trochanter of right femur, subsequent encounter for closed fracture with routine healing

Physical Therapy and Occupational Therapy Examples

- The patient is referred to Physical Therapy due to difficulty ambulating. Upon evaluation the Physical Therapist determines that osteoarthritis of the knee is causing gait instability:
  - Unilateral osteoarthritis of the right knee M17.11
  - R26.89 Other abnormalities of gait and mobility

Physical Therapy and Occupational Therapy Examples

- The patient is referred to Occupational Therapy due to difficulty feeding. Upon evaluation the Occupational Therapist determines the cause of the feeding difficulty is related to a Hemiparesis from a CVA several years prior resulting in an upper extremity contracture:
  - I69.051 Hemiparesis following subarachnoid hemorrhage right dominant side

    AND/OR
  - M62.441 Contracture of muscle, right hand
  - R63.3 Feeding difficulties

Clinical Documentation Essential to Accurate Coding

Supportive Clinical Documentation

- Consistent, accurate and complete documentation in the medical record is essential to assigning the appropriate codes and reporting diagnoses. Achieving this level of accuracy requires a team effort between the clinician, the coder and biller.

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Supportive Clinical Documentation

- The Physician must clearly document the nature of the conditions impacting the resident's care
- The coder is responsible for assuring the code assigned is consistent with the documentation
- The role of the biller is to assure the claim is accurately coded

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Supportive Clinical Documentation

- Provides an accurate clinical picture of the quality of care provided
- Addresses the level of risk and severity
- Justifies medical necessity of services
- Supports reimbursement and reduces unnecessary payment denials
- Supports initiatives aimed at improving quality and cost reduction, such as value-based purchasing

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Supportive Clinical Documentation

- Etiology:
  - Infectious
  - Physical agent
  - Congenital
- Anatomical Location:
  - Body part
  - Proximal, distal, medial, lateral, anterior, posterior, peripheral, central, inferior, and superior

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Supportive Clinical Documentation

- Laterality:
  - Right side
  - Left side
- Severity:
  - Mild
  - Moderate
  - Severe
  - Persistent
  - Intermittent

Supportive Clinical Documentation

- Timing Parameters:
  - Intermittent, paroxysmal
  - Recurring
  - Acute, chronic
- Complications and co-morbidities:
  - Manifestations in the body
- Level of healing:
  - Delayed healing, non-union, malunion

Supportive Clinical Documentation

- Symptoms:
  - Fever
  - Pain
  - Shortness of Breath
  - Hyper/hypoglycemia

Example: Pneumonia

- Documentation should include:
  - Organism if known
  - Mechanism:
    - Aspiration
    - Ventilator associated
    - Radiation induced
    - Other
  - History of tobacco use – present or past

Example: Pneumonia

- Documentation should include:
  - Any associated illnesses:
    - Sepsis
    - Underlying lung disease
    - Other

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Example: Pressure Ulcer

- Documentation should include:
  - Site (include laterality):
    - Elbow
    - Back (upper/lower)
    - Sacral
    - Hip
    - Buttock
    - Ankle
    - Heel
    - Head

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Example: Pressure Ulcer

- Documentation should include:
  - Stage:
    - Stage 1
    - Stage 2
    - Stage 3
    - Stage 4
    - Unstageable
  - With gangrene
  - Any associated diseases and conditions
  - Present on admission status

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Example: Pressure Ulcer

- Unstageable vs. Unspecified:
  - Unstageable: Code based on clinical documentation of the presence of a pressure ulcer in which the clinical stage cannot be clinically determined:
    - Ulcer is covered by the eschar
    - Due to deep tissue injury but not the result of trauma
  - Unspecified: Code when the documentation is insufficient to assign a more specific code

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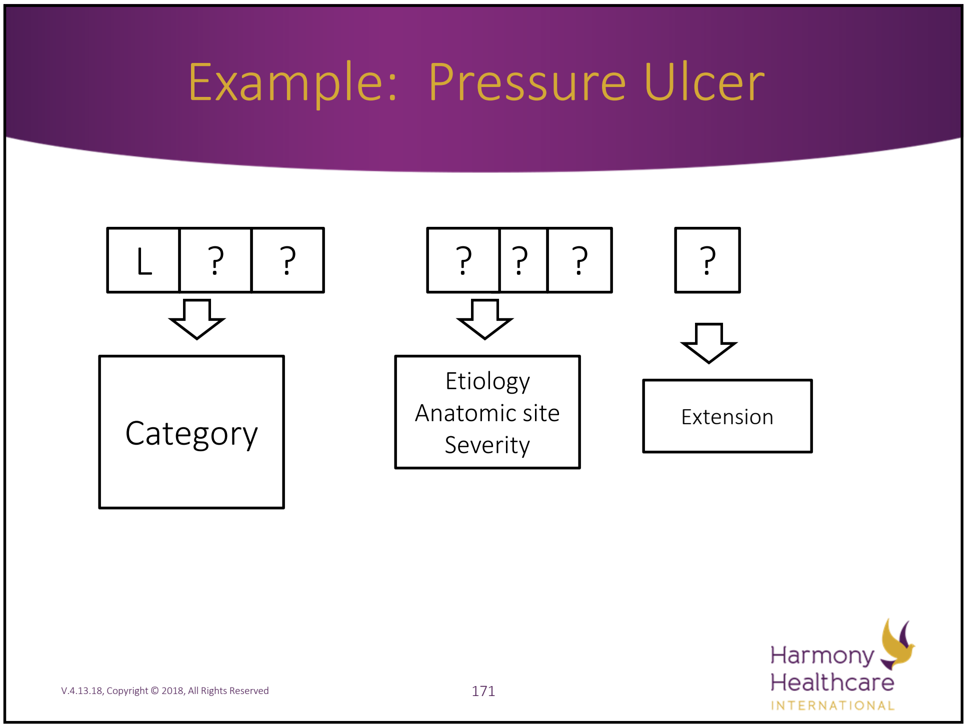
Example: Pressure Ulcer
L
?
?
?
?
?
?
Category
Etiology
Anatomic site
Severity
Extension
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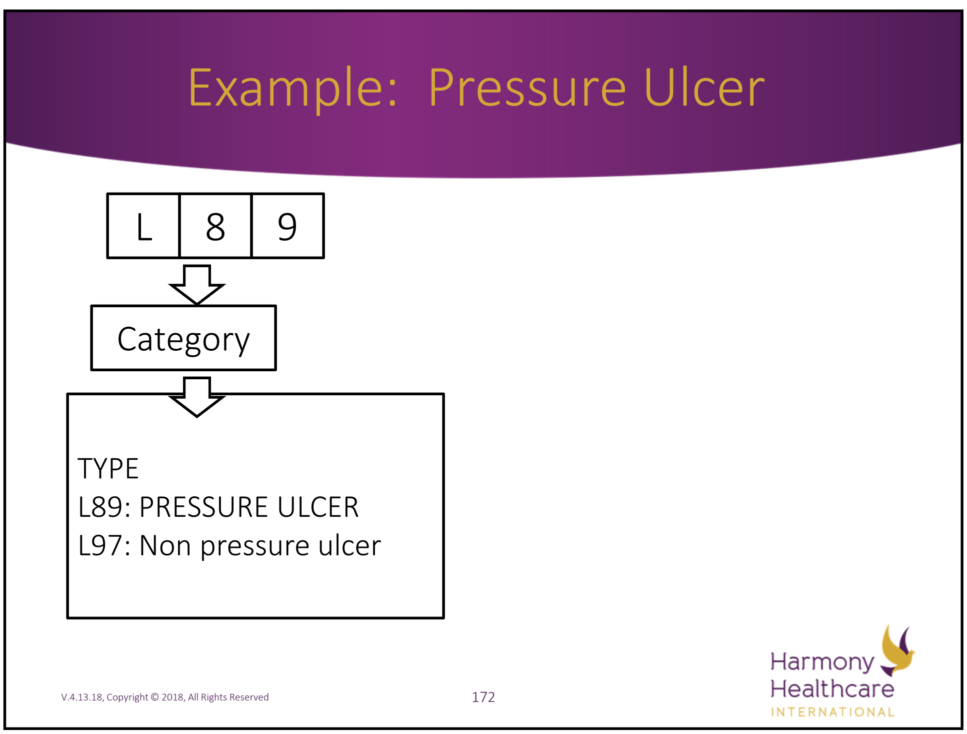
Healthcare
INTERNATIONAL


Example: Pressure Ulcer
L
8
9
Category
TYPE
L89: PRESSURE ULCER
L97: Non pressure ulcer
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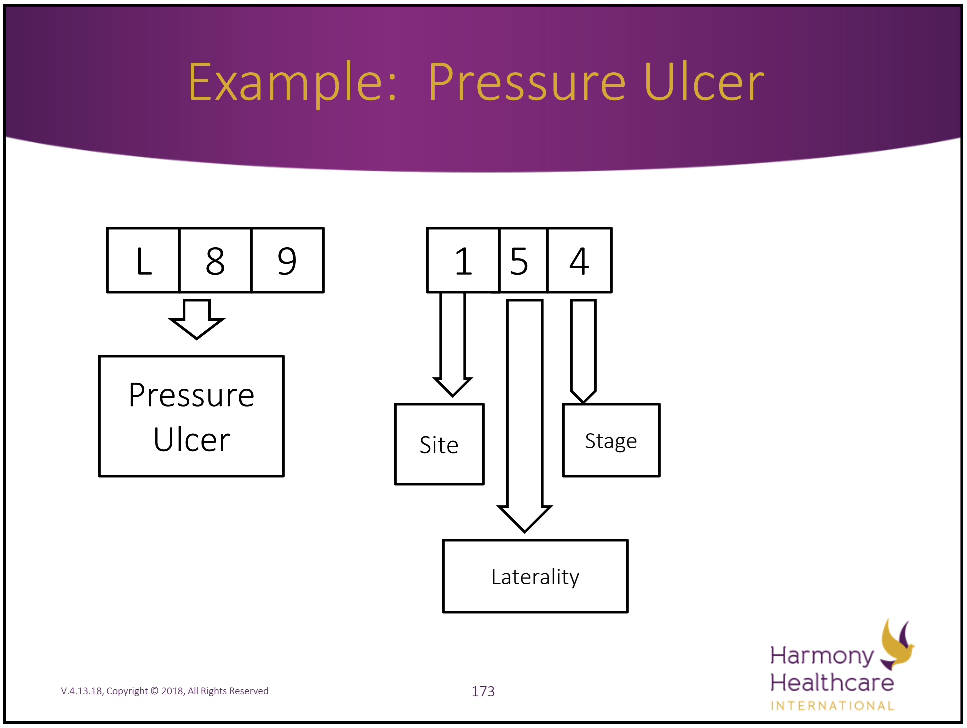
Example: Pressure Ulcer
L
8
9
Pressure Ulcer
1
5
4
Site
Stage
Laterality
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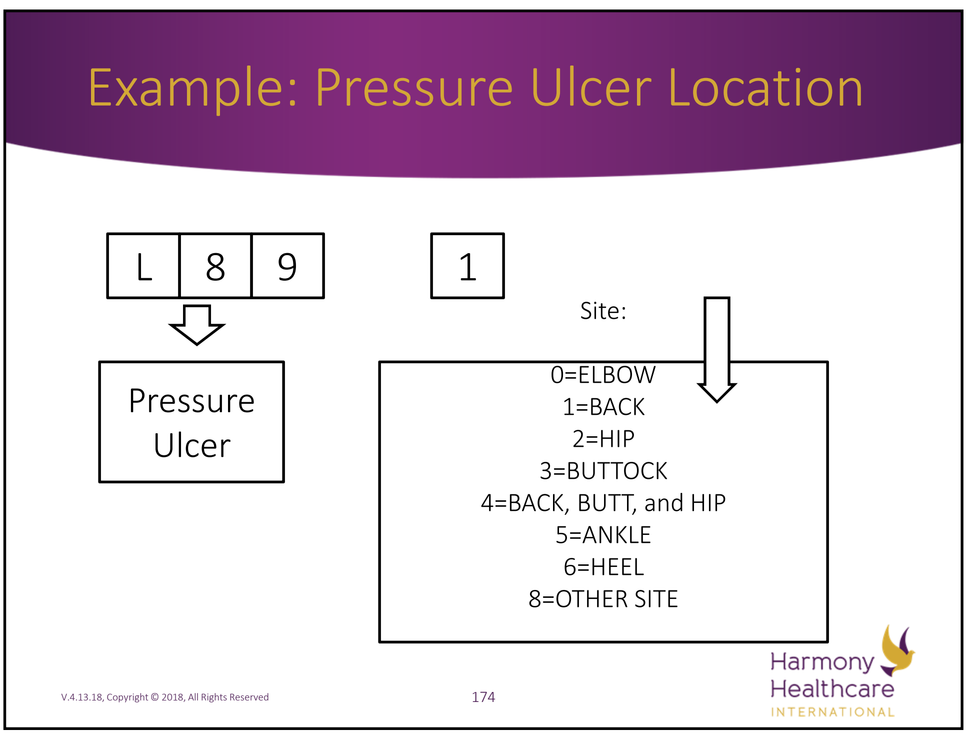
Example: Pressure Ulcer Location
L
8
9
Pressure Ulcer
1
Site:
0=ELBOW
1=BACK
2=HIP
3=BUTTOCK
4=BACK, BUTT, and HIP
5=ANKLE
6=HEEL
8=OTHER SITE
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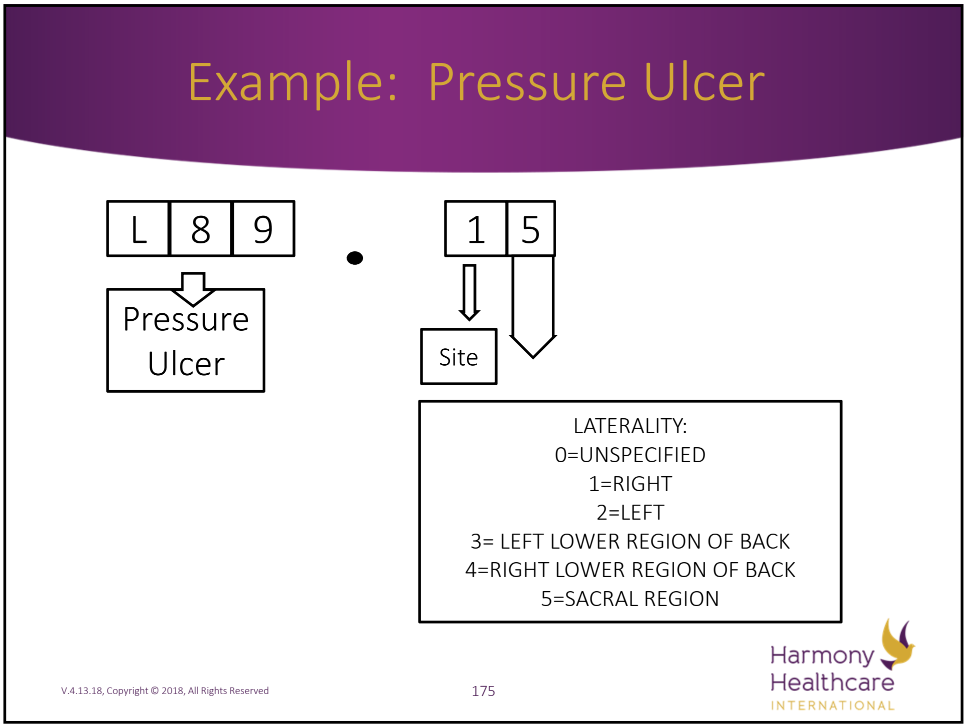
Example: Pressure Ulcer
L 8 9 . 1 5
Pressure Ulcer
Site
LATERALITY:
0=UNSPECIFIED
1=RIGHT
2=LEFT
3= LEFT LOWER REGION OF BACK
4=RIGHT LOWER REGION OF BACK
5=SACRAL REGION
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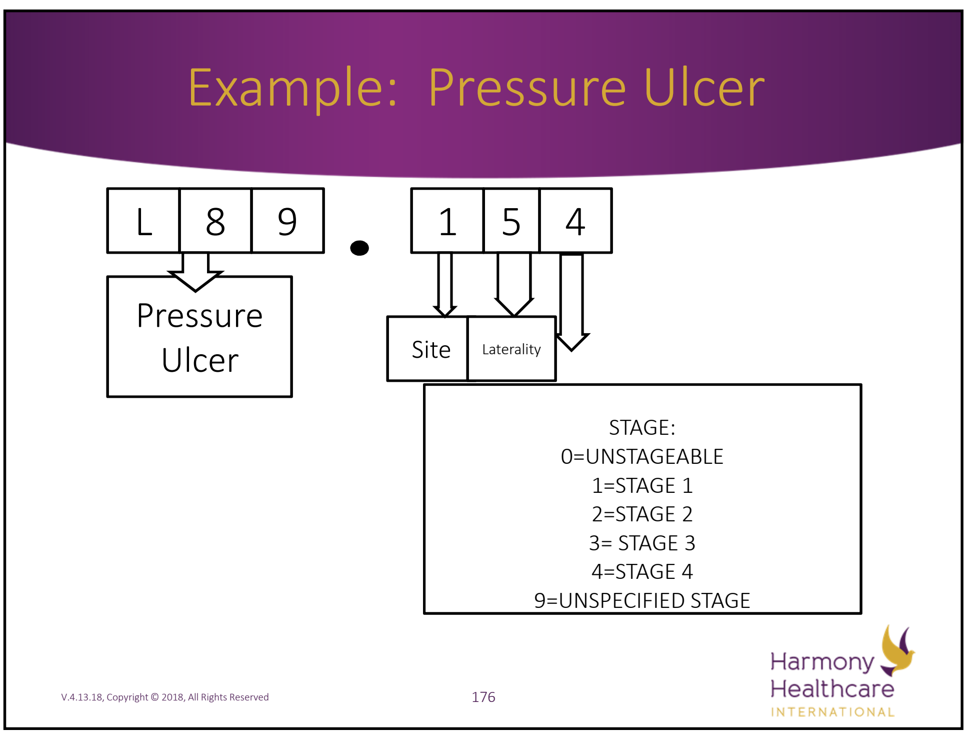
Example: Pressure Ulcer
L 8 9 . 1 5 4
Pressure Ulcer
Site
Laterality
STAGE:
0=UNSTAGEABLE
1=STAGE 1
2=STAGE 2
3= STAGE 3
4=STAGE 4
9=UNSPECIFIED STAGE
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Example: Pressure Ulcer

- Final code L89.154
- Pressure ulcer in sacral region at a Stage 4

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Pressure Ulcer: Assign the Code

- Patient has a documented Stage 3 decubitus ulcer to the right lower back L89.143
- Patient has an ulcer with cartilage exposed to the ear due to oxygen tubing L89.804
- Diabetic patient has bilateral heel ulcers covered with eschar L89.610 & L89.620

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Eyes and Adnexa

- Laterality is included in this section:
  - H05.01 Cellulitis of orbit
  - H05.011 Cellulitis of right orbit
  - H05.012 Cellulitis of left orbit
  - H05.013 Cellulitis of bilateral orbits

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Glaucoma

- Glaucoma stages & laterality:
  - When a patient has documented bilateral glaucoma with both eyes being the same stage, use only one code if the classification doesn't distinguish laterality
  - When a patient has documented bilateral glaucoma with different stages use two codes

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Glaucoma

- H40.1211 Low-tension glaucoma, right eye, mild stage
- H40.1312 Pigmentary glaucoma, right eye, moderate stage
- H40.1330 Pigmentary glaucoma, bilateral, stage unspecified
- H40.11X1 Primary open-angle glaucoma, mild stage

Glaucoma

- H42 Glaucoma in diseases classified elsewhere excludes glaucoma (in):
  - Diabetes mellitus (E08.39, E09.39, E10.39, E11.39, E13.39)
  - Onchocerciasis (B73.02)
  - Syphilis (A52.71)
  - Tuberculosis (A18.59)

Depression

- Document episode:
  - Single
  - Recurrent
- Document severity:
  - Mild
  - Moderate
  - Severe
- With or without psychotic features
- In partial or full remission (if applicable)
- Document any associated diagnoses/conditions

Depression

- F32.0 Major depressive disorder, single episode, mild
- F32.3 Major depressive disorder, single episode, severe with psychotic features
- Type 1 excludes:
  - Bipolar disorder (F31.-)
  - Manic episode (F30.-)
  - Recurrent depressive disorder (F33.-)

SNF Coding Tip: Depression

- Review whether medication for Depression is utilized
- Work with Physician to define:
  - Recurrent
  - Partial remission
  - Single episode
  - Severity

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Dementia and Alzheimer's

- F02 Dementia in other diseases classified elsewhere
- Code First the underlying physiological condition, such as:
  - Alzheimer's (G30.-)
  - Dementia with Lewy bodies (G31.83)
  - Jakob-Creutzfeldt disease (A81.0-)
  - Multiple Sclerosis (G35)
  - Parkinson's disease (G20)
  - Pick's disease (G31.01)

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Dementia

- F01 Vascular dementia:
  - F01.5 Vascular dementia (multi-infarct, subcortical):
    - F01.50 Vascular dementia without behavioral disturbance
    - F01.51 Vascular dementia with behavioral disturbance
    - Z91.83 if applicable, to identify wandering in vascular dementia
  - F03 Unspecified dementia

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Alzheimer's Disease

- G30 Alzheimer's disease:
  - G30.0 Alzheimer's disease with early onset
  - G30.1 Alzheimer's disease with late onset
  - G30.8 Other Alzheimer's disease
  - G30.9 Alzheimer's disease, unspecified

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MDS Section I: Active Diagnosis

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Section I: Active Diagnosis

- Intent:
  - The items in this section are intended to code diseases that have a direct relationship to the resident's current functional status, cognitive status, mood or behavior status, medical treatments, nursing monitoring or risk of death
  - One of the most important functions of the MDS assessment is to generate an updated, accurate picture of the resident's current health status

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Section I: Coding Instructions

- Code diseases that have a documented diagnosis in the last 60 days and have a relationship to any of the following in the last 7 days:
  - Functional status
  - Cognitive status
  - Mood or behavior status
  - Medical treatments
  - Nursing monitoring
  - Risk of death

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Section I: Active Diagnosis

- Definitions:
  - Active Diagnosis: Diagnoses that have a direct relationship to the resident's functional status, cognitive status, mood or behavior, medical treatments, nursing monitoring, or risk of death during the 7-day look-back period
  - Functional Limitations: Loss of range of motion, contractures, muscle weakness, fatigue, decreased ability to perform ADLs, paresis or paralysis

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Section I: Active Diagnosis

- Two periods of time to consider for Section I:
  - Step 1: Diagnosis Identification is a 60-day look-back period
  - Step 2: Diagnosis Status: Active or Inactive is a 7-day look-back period:
    - For Item I2300 UTI, which does not use the active 7-day look-back period
    - Look-back period for UTI = 30 days

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Section I: Coding Instructions

- All diagnoses coded must have Physician documentation to support the coding
- The Physician must medically determine and document the resident's diagnoses
- The RAI Manual does not include specific definitions of medical diagnosis (exception: UTI)

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Section I: Coding Instructions

- Document Active Diagnoses on the MDS as follows:
  - If a disease or condition is not specifically listed, check the "Other" box (I8000) and write in the ICD code and name for that diagnosis
  - If a diagnosis is a Z-code, another diagnosis for the related primary medical condition should be checked in items I0100 – I7900 or entered in I8000

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Urinary Tract Infection

- N39.0 Urinary Tract Infection, site not specified
- Use additional code (B95-B97), to identify infectious agent:
  - B95.62 Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere
  - B96.20 Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere

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Section I: Active Diagnosis

- Examples of Active Disease:
  - A resident is prescribed hydrochlorothiazide for hypertension. The resident requires regular blood pressure monitoring to determine whether blood pressure goals are achieved by the current regimen. Physician progress note documents hypertension.
    - Coding: Hypertension item (I0700), would be checked.
    - Rationale: This would be considered an active diagnosis because of the need for ongoing monitoring to ensure treatment efficacy

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Section I: Active Diagnosis

- Example:
  - Warfarin is prescribed for a resident with atrial fibrillation to decrease the risk of embolic stroke. The resident requires monitoring for change in heart rhythm, for bleeding and for anticoagulation:
    - Coding: Atrial fibrillation item (I0300), would be checked
    - Rationale: This would be considered an active diagnosis because of the need for ongoing monitoring to ensure treatment efficacy as well as to monitor for side effects related to the medication

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Section I: Inactive Diagnosis

- Examples – do not code:
  - The admission history states that the resident had pneumonia 2 months prior to this admission. The resident has recovered completely, with no residual effects and no continued treatment during the 7-day look-back period:
    - Coding: Pneumonia item (I2000), would not be checked
    - Rationale: The pneumonia diagnosis would not be considered active because of the resident's complete recovery and the discontinuation of any treatment during the look-back period

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Section I: Inactive Diagnosis

- Examples – do not code:
  - The problem list includes a diagnosis of coronary artery disease (CAD). The resident had an angioplasty 3 years ago, is asymptomatic, and is not taking any medication for CAD:
    - Coding: CAD item (I0400), would not be checked
    - Rationale: The resident has had no symptoms and no treatment during the 7-day look-back period, thus the CAD would be considered inactive

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Maintaining Active Diagnosis

- Best practice maintaining diagnosis is to use MDS methodology to decide what diagnoses remain in the record
- If the diagnoses impact any of the following the **diagnosis should remain** in the record:
  - Functional status
  - Cognitive status
  - Mood or behavior status
  - Medical treatments
  - Nursing monitoring
  - Risk of death

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Diagnosis Coding for SNFs

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Diagnosis Coding for SNFs

- The facility should have a specific location for the official active diagnosis list
- Must be verified by a Physician:
  - Physician orders
  - Physician signed listing
  - Physician progress notes
- Facility should have a system in place to add and remove from the "official list":
  - E.g., Physician telephone order

Diagnosis Coding for SNFs

- Ensure the resident's history is maintained for use by clinical staff:
  - EMR
  - Paper
- Maintain the Clinical Integrity of the medical record to ensure quality of care

Medicare Part A

- ICD-10 is reported on the UB-04 claim
- Must be selected from the list of diagnoses that have been documented by the Physician
- Coordination between MDS, Rehab and Business Office is required to ensure accuracy:
  - Simply listing on the MDS may result in inaccurate reporting or Additional Documentation Requests
- Triple Check is strongly recommended

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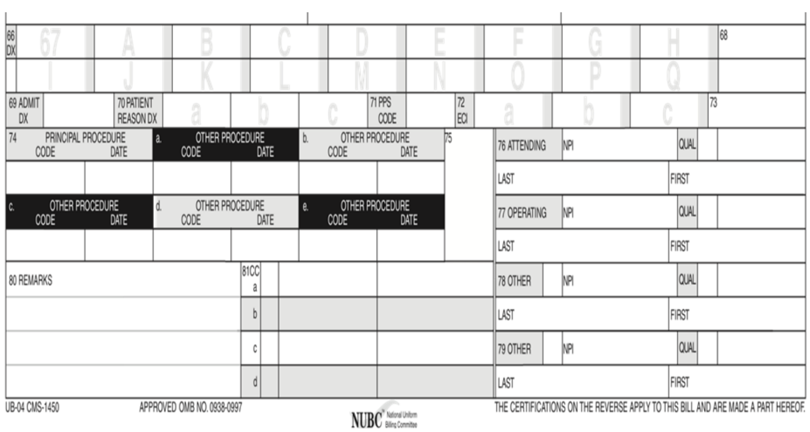
Diagnosis Codes: UB-04 Fields 66-69


66 DX
67 A B C D E F G H
I J K L M N O P Q
68
69 ADMIT DX
70 PATIENT REASON DX a b c
71 PPS CODE
72 ECI a b c
73
74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
75
76 ATTENDING NPI QUAL LAST FIRST
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE
77 OPERATING NPI QUAL LAST FIRST
80 REMARKS
81CC a b c d
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST
UB-04 CMS-1450
APPROVED OMB NO. 0938-0997
NUBC National Uniform Billing Committee
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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Medicare Part A Reviews

- Medicare Part A and Managed Care claims can be selected for review by Medicare and other reviewing entities based on ICD-10 Coding on the UB-04:
  - Selected for further review when Diagnosis Codes listed are unlikely to support reimbursement for services provided

Updating Diagnosis Coding

- ICD-10 codes are assigned on admission and concurrently as diagnoses arise throughout a stay
- Often when the OBRA or PPS Minimum Data Set (MDS) is completed:
  - Require updating as the stay progresses
  - Rehabilitation services are initiated or discontinued
  - Significant Change
  - New diagnosis assigned
  - Return from Medical Leave

Medicare Part A UB-04

- Step 1: Collect all diagnosis codes in the medical record to have a menu of ICD-10 codes to select from:
  - Acute Care Hospital Discharge Summary
  - Therapy Evaluations
  - Physician Orders
  - MDS
  - Diagnostic Studies
  - Physician Documentation

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Medicare Part A UB-04

- Step 1: Collecting Diagnosis Reminders:
  - To apply correct coding principles and support ongoing skilled care in the SNF, the record must specify whether the condition is acute (in the active phase), resolving, resolved, or chronic
  - If a condition (such as pneumonia or sepsis) is still in the acute phase and being actively treated the acute code is used
  - If the prescribed drug treatment is completed and the clinical indicators are absent the aftercare codes are used

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Medicare Part A UB-04: Principal Diagnosis

- Step 2: Select the principal diagnosis:
  - The principal diagnosis is defined in the Uniform Hospital Discharge Data Set (UHDDS) as "that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care"
  - The circumstances of the inpatient admission always governs the selection of principal diagnosis
  - The principal diagnosis is defined as "that condition established after study to be chiefly responsible for occasioning the admission"

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Medicare Part A UB-04: Principal Diagnosis

- SNFs may assign codes for acute (unresolved) conditions, sequelae (residual effects), chronic conditions, and aftercare (healing, recovery phase, or long-term consequences of the disease)
- The reason for the SNF admission must be clearly identified in the record
- The documentation must be consistent with and linked to the clinical condition

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Medicare Part A UB-04: Principal Diagnosis

- When a beneficiary is readmitted to the SNF for continued care following an inpatient hospital stay for continuity of treatment or care, the readmission condition will not necessarily be sequenced as the principle code
- For example, when a resident, who was admitted to the SNF for subsequent care of a hip fracture, is readmitted to the hospital for pneumonia, the hip fracture diagnosis may continue to be coded as the primary diagnosis with the pneumonia coded secondary on return to the SNF

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ICD-10-CM Official Guidelines for Coding and Reporting FY 2016

- Codes for symptoms, signs, and ill-defined conditions from Chapter 18 are not to be used as principal diagnosis when a related definitive diagnosis has been established
- R Codes should not be used as principal diagnosis on a Medicare Part A claim on UB-04 Claims unless documented by a Physician as a medical diagnosis:
  - Therapy treatment codes generally not utilized
  - Dysphagia R131.13 may be appropriate if Physician has assigned this diagnosis because it is the most specific definitive diagnosis

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Medicare Part A UB-04: Secondary Diagnoses

- Step 3: Order additional relevant codes from available ICD-10 Codes (Menu)
- Secondary diagnoses further clarify the admitting diagnosis
- Coding conventions support to include any additional diagnoses and conditions
- Other reportable secondary codes include acute, chronic and status conditions which directly affect care or influence treatment

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Medicare Part A UB-04: Secondary Diagnoses

- Step 3: Order additional relevant codes from available ICD-10 Codes (Menu)
- List the secondary diagnoses that best reflect the seriousness of the resident's condition
- Do not include diagnoses that are reporting status and do not impact treatment or prognosis
- Support skilled coverage criteria

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Medicare Part A UB-04: Secondary Diagnoses

- Step 3: Order additional relevant codes from available ICD-10 Codes (Menu)
- Diagnoses that do not affect care or influence treatment should not be included on the claim
- For example, beneficiary receiving therapy for a hip fracture also has diagnosis of hyperlipidemia, since this diagnosis does not affect skilled care it would not need to be listed on the claim

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Medicare Part A UB-04: Secondary Diagnoses

- Additional conditions that affect patient care in terms of requiring:
  - Clinical evaluation
  - Therapeutic treatment
  - Diagnostic procedures
  - Extended length of stay
  - Increased nursing care and/or monitoring

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Example: Diagnosis Sequencing

- A resident was initially admitted to an LTC facility to receive Physical and Occupational Therapy services due to aftercare for a healing hip fracture. The resident remains in the facility because of his Parkinson's disease.
- Upon initial admission, the following codes would be reported:
  - G20, Parkinson's disease
  - S72.111D Displaced fracture of the greater trochanter of the thigh femur, subsequent care

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Example: Diagnosis Coding

- Patient admitted to the SNF for skilled care for treatment of a post-op wound infection that cultured positive for MRSA and VRSA
- The patient is receiving skilled nursing care related to this wound that includes daily dressing changes and administration of IV medications

What ICD-10 Codes apply?

  - Post-op wound infection: T81.4XXD
  - MRSA: B95.62
  - With VRSA: Z16.21
  - Long term use of antibiotics: Z79.2

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Example: Diagnosis Coding

- Patient admitted to the SNF for skilled care for treatment of a pneumonia due to MRSA. Additional diagnoses include COPD with obstructive bronchitis.
- The patient is receiving skilled nursing care for respiratory treatments and administration of IV medications. She is oxygen dependent.

What ICD 10 Codes apply?

- COPD: J44.0
- Pneumonia with MRSA: J15.212
- Oxygen dependent: Z99.81
- Long term use of antibiotics: Z79.2

SNF Coding Tip: Medicare Part A

- Clinical Team Decision supported by the documentation in the medical record (MDS, Therapy, Discharge Summary, Physician Orders and documentation…)
- There is no required number of codes on UB-04:
  - Sometimes less is best
  - Chronic conditions not related to skilled level of care are not required
  - Code to reflect care provided

AIDS Add-On

- 128 percent Add-on to the PPS per diem payment for any SNF residents with Acquired Immune Deficiency Syndrome (AIDS), effective with services furnished on, or after October 1, 2004
- Transition to the equivalent ICD–10–CM diagnosis code of B20 upon the overall conversion on the UB-04

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AIDS Add-On

- Code only confirmed cases of HIV infection/illness
- Confirmation does not require positive serology or culture on file for HIV, only the provider's diagnostic statement that the patient is HIV positive
- When sequencing HIV codes, if the patient is admitted for a HIV-related condition the code B20 (HIV) should be primary, followed by additional diagnosis codes for all reported HIV-related conditions

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AIDS Add-On

- For an asymptomatic HIV patient, Z21 is assigned when the patient is without any documentation of symptoms or conditions caused/related to the HIV status, but is documented as being HIV positive or some similar terminology
- If a patient has a previously diagnosed B20 HIV-related illness, do not use Z21 again instead use B20

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AIDS Add-On

- B20 Includes:
  - Acquired Immune Deficiency Syndrome [AIDS]
  - AIDS-related complex [ARC]
  - HIV infection, symptomatic
- Excludes:
  - Asymptomatic Human Immunodeficiency Virus [HIV] infection status (Z21)
  - Exposure to HIV virus (Z20.6)
  - Inconclusive serologic evidence of HIV (R75)
- Use additional code(s) to identify all manifestations of HIV infection

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Issues and Claim Rejections Based on CMS Testing

- Incorrect number of digits
- Not coded to highest specificity
- Incorrect Alpha letter (I vs. L)
- Inconsistent gender-specific codes
- Age-specific codes miscoded (early onset vs. late) (juvenile vs. adult onset)
- Use of V, W, X or Y Codes

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SNF Coding Tip: UB-04

- Triggers to review ICD-10 codes and sequencing:
  - With each 5-Day
  - After Emergency Room or Observation Stay
  - Significant Change MDS
  - End of Therapy (EOT) or Start of Therapy (SOT) MDS
  - Addition of Rehabilitation Discipline
  - Physician consultation
  - Labs and X-Ray results
  - Return to a skilled level of care
  - Termination of skilled level of care

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Closing Thoughts

- Use the ICD-10 Manual in addition to look-up software
- Maintain active diagnosis list now that it is cleaned up
- Become familiar with the categories to better identify incorrect codes on UB-04
- All codes except Z (aftercare) and R (symptoms) must be documented by a Physician
- Triple Check

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Don’t Stress Out

- Stressing about ICD-10 Coding can lead to:
  - R46.5 Suspiciousness and marked evasiveness
  - R46.0 Very low level of personal hygiene
  - R46.1 Bizarre personal appearance
  - R46.2 Strange and inexplicable behavior
  - R45.83 Excessive crying of an adult
  - R45.85 Homicidal and suicidal ideations

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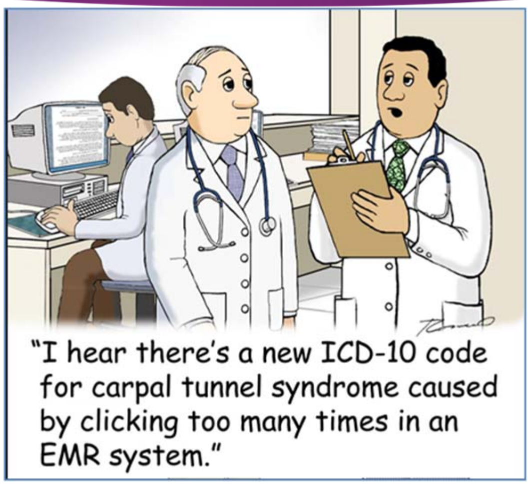
Closing Thoughts



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References

- ICD-10-CM Official Guidelines for Coding and Reporting
  - http://www.cdc.gov/nchs/icd/icd10cm.htm
- Health Insurance Portability and Accountability Act (HIPAA)
- CMS, National and Local Coverage
  - http://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx
- CMS (Centers for Medicare & Medicaid Services), RAI User's Manual http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html October 2016
- World Health Organization, ICD-10: International statistical classification of diseases and related health problems: tenth revision- 2nd ed.

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Compliance • Audits/Analysis • Reimbursement/Regulatory • Education/Efficiency

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Thank You!

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HarmonyHelp

Harmony Healthcare International (HHI) provides an invaluable resource for the entire interdisciplinary team. The HarmonyHelp site provides a Knowledge Center and Live Support.

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  - Manuals
  - Tools
  - CARE Community
  - Hot Topics
  - Frequently Asked Questions (FAQs)
- **Live Support**
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  - Call via phone
  - Live Chat via messaging

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"This entire conference was outstanding! I learned so much valuable information and was highly impressed with all the knowledge each speaker had."

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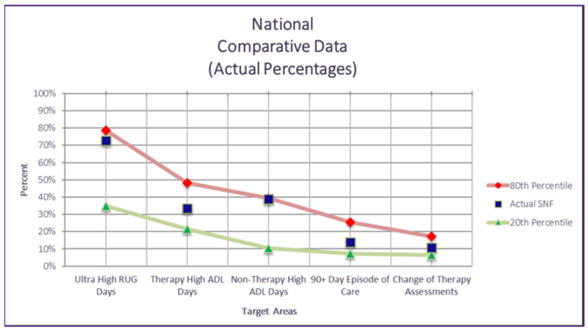
Free PEPPER Analysis



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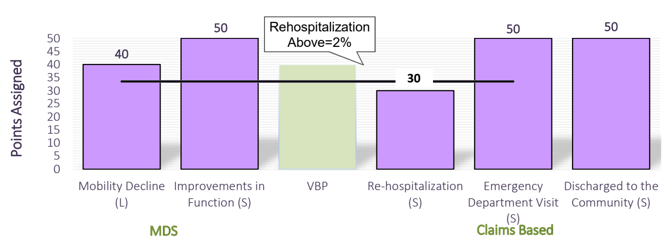
Complimentary
New Five-Star Quality Measure Points Analysis



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Free Medicare Part A Revenue and Risk Analysis

Month	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17
Total Part A Revenue	$189,711.70	$202,597.35	$228,482.48	$176,144.00	$192,332.99	$148,861.18
Rehab Revenue	$181,514.58	$201,631.41	$227,975.42	$175,546.71	$190,248.65	$146,559.14
Therapy Portion	$80,465.58	$83,667.77	$100,444.39	$79,055.93	$86,172.60	$67,534.29
% Therapy Portion	42.4%	41.3%	44.0%	44.9%	44.8%	45.4%
% Therapy of Total Revenue	95.7%	99.5%	99.8%	99.7%	98.9%	98.5%
% Therapy RUG Days (P)	93.9%	99.4%	99.6%	99.5%	98.6%	97.5%
Part A Rate	$442.22	$434.76	$464.40	$465.99	$453.62	$462.30
% of Max Rate	61.9%	60.9%	65.0%	65.3%	63.5%	64.8%
ADC	14.30	15.03	15.87	13.50	13.68	10.73

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