

Welcome

Ohio KePRO Coding Update

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Objectives

- **Provide insight on how Ohio KePRO review coordinators review coding**
- **Provide information on the coding guidelines used by Ohio KePRO**
- **Discuss the coding of diagnoses:**
 - Congestive heart failure
 - Sepsis
 - Pneumonia vs. chronic obstructive pulmonary disease (COPD)

- **General introduction**
- **Hospital-adjusted cases**
- **Review process**
- **Coding review guidelines used by Ohio KePRO**
- **Physician queries**
- **Coding diagnosis:**
 - Sepsis
 - Heart failure
 - Pneumonia vs. COPD
- **Questions and answers**

- **Ohio KePRO – Ohio QIO since 1999**
 - Review
 - Patient safety
 - Prevention

Review Services

- **Beneficiary complaints**
- **Discharge appeals – all settings**
- **PPS admission appeals – Hospital-Issued Notices of Noncoverage (HINNs)**
- **Hospital-initiated adjustments (HIAs) for higher weighted DRGs**
- **Emergency Medical Treatment and Active Labor Act (EMTALA)**
- **CMS referrals**

What is an HIA?

Hospital-initiated adjustment

Purpose of the review:

To validate the diagnoses and status of the patient as reported by the facility.

Review Process

- **Cases are downloaded from CMS**
- **Medical record requested**
- **1st level review:**
 - Review coordinator – screening review
 - Physician review – clinical review
- **Letter sent to healthcare facility**
- **Additional information received by Ohio KePRO**
- **2nd level review:**
 - Review coordinator/physician
- **Final letter sent to facility with opportunity for reconsideration**
- **Reconsideration requested**
- **3rd level review:**
 - Review coordinator/physician
- **Re-review letter sent to facility**

- **Who performs the review?**
 - **Review coordinators**
 - Nurses – admission, discharge
 - Health information professionals – coding
 - **Physician reviewers**
 - For coding issues – only for clinical judgments

Validation Guidelines

- **Coding guidelines**
- **Coding clinics**
- **Definition of principal diagnosis:**
 - The condition established, after study, to be chiefly responsible for occasioning the admission of the patient to the hospital for care.
- **MS-DRGs**
 - MCC
 - CC

Queries and Addendums

- **Guidance from CMS allows QIOs to determine if the queries or addendums have sufficient information to clarify the diagnosis.**
- **Ohio KePRO looks for information that will clarify:**
 - What is in the medical record, or
 - The diagnosis the provider has written on the query or addendum.
- **A “yes” answer or a diagnosis without information on how this decision was made does not ensure that the query or addendum will be used in the review process.**

Final guidance from AHIMA

www.AHIMA.org (Use the search mode for Managing an Effective Query Process)

- **Query policy:**
 - All facilities should have a query policy.
- **Diagnosis codes:**
 - Only diagnosis codes that are clearly and consistently supported by provider documentation should be assigned and reported.
- **Query initiation:**
 - A query should be initiated when there is conflicting, incomplete, or ambiguous documentation in the record or additional information is needed for code assignment.

Physician Queries

- **Clarity:**
 - Queries should be written with precise language, identifying clinical indications from the record and asking the provider to make a clinical interpretation of the facts based on his knowledge of the case.
- **Y/N questions:**
 - Do not ask questions that can be responded to in a yes/no fashion.
- **Query process:**
 - Establishing and managing a query process is an effective tool for improving clinical documentation and increasing the accuracy of coded data.

CASE EXAMPLES

- **Medical record documentation**
 - **Chief complaint in ER:** Flu symptoms and CHF.
 - **H&P:** Documents chest x-ray suggestive of CHF. Cough with elevated white count, possible bronchitis vs. pneumonia.
 - **Treatments:** IV Lasix given @ 40 mg IV q 12 hours.
 - **Pertinent documentation:** R/O sepsis appears on two progress notes; however, there was never any documentation whether this condition was ruled out or not. Sepsis does not appear on the discharge summary. Blood cultures were negative.
- **Ohio KePRO determination:**
 - **CHF is principal diagnosis.** Cardiology and pulmonary consultations both confirm the diagnosis of CHF.
 - **Guidelines used for determination:** When sepsis and severe sepsis develop after admission, the systemic infection code and code 995.91 or 995.92 are used as secondary diagnosis. When the diagnosis does not clearly indicate sepsis was present on admission, the physician must be queried for clarification to properly select the principal diagnosis.

Pneumonia vs. COPD

- **Medical Record Documentation**
 - **Chief complaint in ER:** Coughing, shortness of breath, pulse ox of 90%. Temperature of 101.8. Portable chest x-ray shows bibasilar infiltrates. WBC is 15.3. Placed on pneumonia protocol and ordered Maxipime and Levaquin for his bibasilar infiltrates. Admitted from ER with diagnosis of pneumonia, tachycardia and hypoxia.
 - **H&P:** Patient started on Zithromax 3-4 days prior to admission. Shortness of breath and wheezing worsened on day of admission. Patient denied any other symptoms. Attending physician's admitting diagnosis is bilateral pneumonia, acute bronchitis and exacerbation of COPD.
 - **Treatments:** Levaquin and Maxipime given in ER piggyback. Given aerosol and placed on oxygen.
- **Ohio KePRO Determination**
 - **Pneumonia is the principal diagnosis.** Temperature associated with pneumonia, not COPD. COPD was exacerbated by pneumonia.
 - **Guidelines used for determination:** definition of principal diagnosis.

Heart Failure

Secondary Diagnosis of Systolic or Diastolic HF

- **Medical Record Documentation**
 - **H&P:** Congestive heart failure is listed, and Lasix is listed as one of the home medications.
 - **Chest x-ray:** Impression: moderate congestive heart failure.
 - **Progress notes:** Stated congestive heart failure. Did not specify systolic, diastolic, acute or chronic.
 - **Treatment:** Lasix, 40 mg PO
 - **Discharge summary:** Exacerbation of congestive heart failure.
- **Ohio KePRO Determination**
 - There is no physician documentation in the medical record to substantiate a secondary diagnosis of systolic heart failure.
 - **Guidelines used for determination:** There is no physician documentation of systolic/diastolic heart failure.

- **Uncertain diagnosis**

Official guidelines emphasize “at the time of discharge”

“If the diagnosis documented **at the time of discharge** is qualified as ‘probable,’ ‘suspected,’ ‘likely,’ ‘questionable,’ ‘possible,’ or ‘still to be ruled out,’ or other similar terms indicating uncertainty, code the condition as if it existed or was established. The bases for these guidelines are the diagnostic workup, arrangements for further workup or observation, and the initial therapeutic workup approach that correspond most closely with the established diagnosis.”

- *ICD-9-CM Official Guidelines for Coding and Reporting, Section II: Selection of Principal Diagnosis, Subsection H: Uncertain Diagnosis*

- **Equal diagnoses**

2 or more diagnoses equally meet the definition of principal diagnosis.

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

- *ICD-9-CM Official Guidelines for Coding and Reporting, Section II: Selection of Principal Diagnosis, Subsection C.*

Questions and Answers



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