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THE CODE

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Denial Management

Denise M. Nash, MD, CCS, CIM
Vice President of Compliance and Education
MiraMed Global Services

Has everyone made it through the five stages and accepted the inevitable that ICD-10 is now here? Did you make it through unscathed or do you still harbor both fatigue and battle scars? So, now what? What is the next step? How does one measure a successful implementation? For that we must turn to denial management.

There has been much in the literature about another doomsday occurring after the ICD-10 go live date and this deals with the rise in denial rates by 100 to 200 percent. This, of course, will hinder cash flow, ultimately leading to loss in revenue. Additionally, there will be the increase in accounts receivable (AR) days, predicted by as much as 40 percent, which, again, will have a deleterious impact on payments. We are also hearing about increases in claim error rates to as much as double those seen in pre-apocalyptic ICD-10.

Are your outpatient and Medicare code editors in place and able to recognize invalid codes?

Example:

> Procedure done – Three views x-ray of right foot – 73630
>
> Diagnosis – Non-displaced fracture of proximal phalanx of right thumb finger – S62.514A
>
> Denial or Edit – Procedure or diagnosis code does not match

A foot x-ray is being performed but the diagnosis that is being submitted corresponds to the thumb. If the code editor is not set up correctly the claim will pass thru only to be denied by the payer as invalid.

There are edits corresponding for date of birth. For example, codes which start with the alphabet "P" can only be coded for the age group 0-28 days.

Example:

> P04.41 – Newborn (suspected to be) affected by maternal use of cocaine 'crack baby.'

There are edits corresponding to gender such as code A18.18 – Tuberculosis of other female genital organs. Again, when utilizing an updated code editor, this claim would not pass thru if the gender was captured as male.

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If you have an article or idea to share for *The Code*, please submit to:
Dr. Denise Nash
denise.nash@miramedgs.com

Four things to do today: delete your past, reset your present, download your future and update your life.

Unknown

Denial Management *(Continued from page 1)*

Another example is the section for pregnancy codes (codes which starts with the alphabet "O") which can be coded only to female gender.

Certain diagnoses can only be captured as first listed diagnosis and, therefore, would require edits if coded as secondary.

Example:

> Z00.00 – Encounter for general adult medical examination without abnormal findings. Encounter for adult health check-up NOS.

There are in addition certain diagnosis that can only be captured as secondary diagnosis such as external cause codes and manifestation codes.

Example:

> A 23-year-old female suffered a blister in her right index finger due to contact with hot water on the stove while cooking in the kitchen.
>
> S60.420 – Blister (nonthermal) of right index finger.
> X12 – Contact with other hot fluids. Contact with water heated on stove.
> Excludes 1: Hot (liquid) metals (X18)
> The appropriate 7th character is to be added to code X12
> A – Initial encounter
> D – Subsequent encounter
> S – Sequella

Manifestation codes describe the disease or condition of an underlying disease and therefore should not be used as a principal or first listed diagnosis. Any code which has an instructional note stating "code first underlying disease" should not be coded as primary diagnosis or first listed condition.

> G01 – Meningitis in bacterial diseases classified elsewhere.
> Code first underlying disease
> Excludes 1: Meningitis (in):
> Gonococcal (A54.81)
> Leptospirosis (A27.81)
> Listeriosis (A32.11)
> Lyme disease (A69.21)
> Meningococcal (A39.0)
> Neurosyphilis (A52.13)
> Tuberculosis (A17.0)
> Meningoencephalitis and meningomyelitis in bacterial diseases classified elsewhere (G05)

Just as CPT codes contain modifiers to denote laterality (RT, LT, 50), ICD-10-CM coding also captures laterality. Denials will be issued by the MAC or commercial carrier if a particular procedure code is given the respective modifier and the ICD-10-CM diagnosis code does not reflect the same respective laterality.

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Denial Management *(Continued from page 2)*

Example:

Procedure Code – Right Total Knee Arthroplasty – 27447 - RT

Diagnosis Code – Osteoarthrosis of Right Knee – M17.11

M17.1 – Unilateral primary osteoarthritis of knee. Primary osteoarthritis of knee NOS.
M17.10 – Unilateral primary osteoarthritis, unspecified knee
M17.11 – Unilateral primary osteoarthritis, right knee
M17.12 – Unilateral primary osteoarthritis, left knee

If you have a strong denial management operation in place, you're ahead of the game looking at root cause analysis of denials. You are identifying gaps and taking steps in remediation. This means that you have robust reporting for financial metrics assisting you in identifying trends and placing measures in place to bridge the gaps. Those not yet there, it is not too late. The key is to start now to attenuate the expected losses from denials and delayed payments. Awareness and preparation are your best friends right now. I was involved in a project a few years back where the key elements were people, processes and technology. Today I still cringe when I hear the terms but that is what is needed to be successful in the post ICD-10 implementation world. Therefore, the more prepared you are in terms of people, processes and technology today, the better you will be able to respond to the changes in the upcoming months when the remittance advice starts to roll in with the inevitable denials.

MiraMed at 2015 AHIMA Convention and Exhibit

Evan Lendle Ramos, RN, CCS, CIC
Senior Manager, Training Department
MiraMed Philippines Group, LLC - Philippine Branch

The American Health Information Management Association (AHIMA) is the premier organization of all health information management (HIM) professionals worldwide. AHIMA leads the health informatics and information management community in advancing professional practice and standards. It is internationally recognized as the leader in HIM knowledge and the respected authority in continuing quality education, training and certification.

AHIMA organizes and conducts its yearly convention and exhibit in different states in the United States of America. This year, the 87TH AHIMA Convention and Exhibit was held at the Ernest N. Morial Convention Center in New Orleans, Louisiana from September 26 - 30, 2015. With the theme, "HIM Without Walls: Realizing Our Vision," this year's event was participated in by more than 200 exhibitors from various HIM companies all over the United States and with various registered participants worldwide.

True to its global image, MiraMed Global Services (MMGS) actively participated in the event by fielding in two booths in the Exhibit Hall for MiraMed Global Services and MiraMed On Call. MiraMed was also represented by staff from MiraMed On Call, Ajuba Global Solutions and MiraMed Philippines Group, LLC. Sharon Hughes, Vice President of Coding and Auditing, MMGS; Padma Priya, Coding Manager, Ajuba and Evan Lendle Ramos, Senior Manager, Training and Education of MiraMed Philippines Group, LLC – Philippine Branch attended various educational sessions in order to be able to share new technologies and changes in the healthcare landscape as well as best practices in the workplace with their own respective MiraMed organizations.

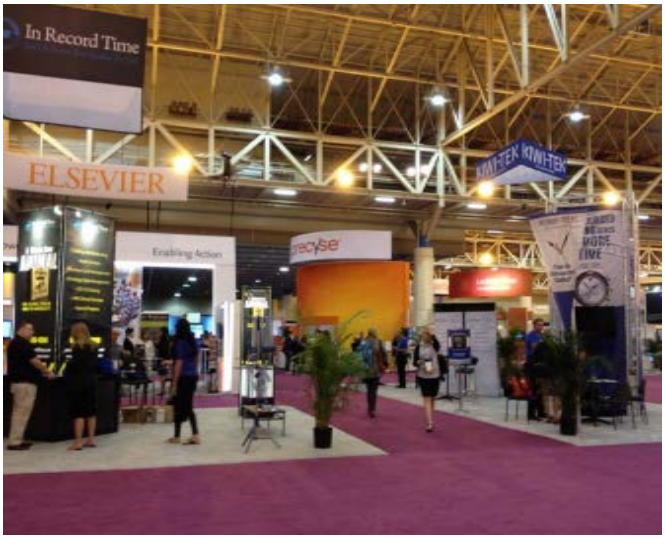
(Left to Right) Padma Priya, Tony Mira, Evan Ramos and Joe Miserendino

(Left to Right) Greg Fleckenstein, Evan Ramos, David Gilbert, Padma Priya

MiraMed Global Services Booth 523 at AHIMA Exhibit Hall

MiraMed On Call Booth 422 with Ron Manzani (Left), President of MiraMed On Call, together with his team

(Left to Right) Padma Priya, Joe Miserendino and Evan Ramos



Infusion: An Education

Angelie Fajardo, RN, CCA
Outpatient Trainer, Training Department
MiraMed Philippines Group, LLC - Philippine Branch

When I was in college I used to wonder about why hospitalized patients needed to undergo intravenous (IV) therapy or infusion? The first question on my mind was why couldn't the patient just drink those infusions and get well? As we all know, not everyone loves the idea of needle, right? I assume most of us will not choose this kind of treatment if they have other options. Imagine, having to drink blood in order to replace the blood loss during an injury or hemorrhage! You would be like a vampire such as the ever famous Edward Cullen from Twilight movie series. During my internship, I realized that not all therapies can be delivered via the oral route, because some treatments will be destroyed by the gastric juices in our stomach.

Brief History:

The first IV therapy that was recorded in history was during the middle ages where human to human blood transfusion was attempted. Unfortunately, both the donor and recipient died. During that time blood typing was not yet discovered. Another factor was the infusion time. Moreover, the use of aseptic technique was not used.

It was not until years later, in 1901 Karl Landsteiner discovered blood typing and cross matching and came out with the ABO blood group, which earned him a Nobel Prize in 1930. Another obstacle before blood transfusions were a success was the coagulation issue. But this was overcome during World War I, when sodium citrate was used as a preservative for the blood.

In our modern era, scientists have learned how to separate the different components of blood based on the patient's needs. Truly, blood can save lives.

The power of the universe is something no one can control.
Be grateful for all the universe brings to you.
If the universe brings you unhappiness, reflect and find new happiness. If the universe brings you happiness, cherish it with all your heart.

Hilary Kellam

ICD-10 Coding Clinic Corner: Dehydration, Hypernatremia and Hyponatremia

Evan Lendle Ramos, RN, CCS, CIC
Senior Manager, Training Department
MiraMed Philippines Group, LLC - Philippine Branch

Pathophysiology:

Dehydration is a condition when a human body does not have sufficient amount of fluids. It occurs when there is a greater amount of fluid loss than fluid intake. Dehydration could result from various conditions such as diarrhea, vomiting, sweating, diabetes, burns, inability to drink, etc.

Commonly, a patient suffering from dehydration exhibits increased thirst, dry skin and mucous membrane, weakness, dizziness, altered mental status and decreased urine output. One of the most common medical interventions for this condition is fluid replacement which could be in any form, such as providing ice chips and intravenous therapy.

Hypernatremia is a condition of electrolyte imbalance resulting from excessive sodium relative to body water with serum sodium greater than 145 mEq/L. When a patient has hypernatremia, cellular dehydration occurs, which results in neurologic impairment and hypervolemia from elevated extracellular fluid volume in the blood vessels.

Due to the said shift of fluid from intracellular to extracellular, the patient might experience altered level of mentation, hypertension, tachycardia, pitting edema, excessive weight gain, thirst, dyspnea and, if severe, could lead to seizures, coma and irreversible neurologic damage. The most common treatment is oral or IV fluid replacement with salt-free solutions.

Hyponatremia is a condition of electrolyte imbalance resulting from insufficient sodium relative to body water with serum sodium less than 135 mEq/L. This is characterized by cellular edema where the fluid is moved from extracellular to intracellular areas, resulting in possible hypovolemia and cerebral edema.

Patients with hyponatremia are more likely to experience muscle twitching, weakness, altered mental status, nausea, vomiting, oliguria or anuria, etc. The most common treatment is infusion of isotonic IV fluids for hyponatremia with hypovolemia and infusion of hypertonic solutions slowly to prevent fluid overload. An administration of loop diuretics might be considered to increase water elimination.

Coding Clinic:

Q: In ICD-10 how is dehydration with hypernatremia and dehydration with hyponatremia coded?

A: Two codes are required to fully capture dehydration with hypernatremia E86.0 and E87.0 and dehydration with hyponatremia E86.0 and E87.1.

References:

Coding Clinic, First Quarter 2014

Straight A's in Pathophysiology, Lippincott Williams & Wilkins

Stars of MiraMed

This month's Star is …

John Erikson Vergara, RN, CCS
Quality and Transition Manager
MiraMed Philippines Group, LLC - Philippine Branch

John Erikson Vergara, RN, CCS

MiraMed's brightest shining star this month is John Erikson Vergara, also known as "Sir Jerik," to all MiraMed Philippines staff. He is one of the pioneer coders of MiraMed Philippines Group, LLC - Philippine Branch since joining at the inception of the company in 2011.

He holds a Certified Coding Specialist (CCS) certification from AHIMA. His coding experience varies from outpatient coding and inpatient as well as auditing.

Due to his continued demonstrated excellence in performance, delivering high quality services to clients, Jerik was promoted to Quality and Transition Manager in 2014. Showing an intense passion for leading and coaching teams, Jerik now oversees more than 140 medical coders including team leaders and points of contacts.

Jerik is a graduate with a Bachelor of Science in Nursing and is a licensed nurse in the Philippines.

Are You a Good Auditor?

John Christian Sayo, RN, COC-A,
Inpatient Trainer, Training Department
MiraMed Philippines Group, LLC - Philippines Branch

Direction: All medical coding staff are encouraged to send their correct codes based from the case provided. They must present their codes along with coding clinics, coding guidelines or any coding references applicable for any codes that are to be **Added**, **Deleted** or **Revised**. Answers to this scenario will be published in our next issue.

A 70-year-old male was brought to the hospital emergency department (ED) with low sternal pain. While in the ED, he developed tachypnea with cardiopulmonary arrest. The patient was successfully resuscitated and was then intubated and hooked to a ventilator. Imaging studies confirmed congestive heart failure with pulmonary edema and the patient was given diuretics. EKGs confirmed ventricular fibrillation. He was then admitted and remained on the ventilator for 24 hours. The patient was transferred to another hospital for further workup and treatment. Final diagnosis: Arrest due to ventricular fibrillation.

	ICD-10-CM
Principal Diagnosis	I49.02
Secondary Diagnosis	I46.2
Secondary Diagnosis	I50.9
	ICD-10-PCS
Principal Procedure	5A1945Z

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Are You A Good Auditor *(Continued from page 7)*

Correct Answer From Previous Case Scenario:

	ICD-9-CM	Audit Remark	ICD-10-CM	Audit Remark
Principal Diagnosis	070.32	No changes.	B18.1	No changes.
Secondary Diagnosis	305.10	Revised code to 305.1. No 5th digit is needed.	F17.290	Revised code to F17.210. As per documentation, patient smokes cigarettes.
Secondary Diagnosis	305.00	Revised code to 303.90 for documentation of alcohol dependence. Abuse and dependence are two distinct conditions as per ICD-9-CM.	F10.129	Revised code to F10.20. Patient was not mentioned to be intoxicated during the admission.
Secondary Diagnosis	250.00	Revised code to 250.02 as patient's diabetes mellitus is out of control.	E13.9	As per ICD-10-CM, diabetes mellitus out of control or poorly controlled is synonymous to diabetes mellitus with hyperglycemia. Recommend using E11.65 in this case.
Secondary Diagnosis	V58.67	No changes.	Z79.811	Z79.4 for long term insulin use.
Secondary Diagnosis		Added code 571.5 for the liver cirrhosis.		Added code K74.60 for the liver cirrhosis.

To live life with contentment is your choice as contentment is the greatest wealth. For greatest contentment, don't wait for things to happen. Make it happen by vision, efforts and commitment. Look at every opportunity as a door for fortune and strive to utilize every available moment to make it worth a success story.

Dr. Anil Kr Sinha

Coding Case Scenario

John Christian Sayo, RN, COC-A
Inpatient Trainer, Training Department
MiraMed Philippines Group, LLC - Philippines Branch

Direction: Code for ICD-9-CM diagnosis and procedure and its corresponding ICD-10-CM and procedure coding system. Answers to this scenario will be published in our next issue.

A 30-year-old male patient with a history of malignant hypertension is admitted to the inpatient facility due to altered mental status. As per the provider's history and physical, patient's prescribed home meds included Lisinopril and Hydrochlorothiazide (HCTZ) for his hypertension. The patient underwent further diagnostics and was found to have hyponatremia and dehydration. His home medications were also continued during admission for hypertension. Final diagnosis: Altered mental status due to hyponatremia and dehydration from HCTZ use.

Correct Answer from Previous Case Scenario:

	ICD-10-CM	Coding Remark
Principal Diagnosis	C18.4	Patient presented for abdominal pain which was found to be due to a malignant neoplasm of the transverse colon.
Secondary Diagnosis	C78.7	Added code for the metastasis to the liver.
Secondary Diagnosis	R16.0	Added code for hepatomegaly.
	ICD-10-PCS	**Coding Remark**
Principal Procedure	0DTL0ZZ	As per official PCS coding guidelines, "Procedural steps necessary to reach and close the operative site are not coded separately." The anastomosis that is usually done during intestinal resection is not separately coded.
Secondary Procedure	0D1L0Z4	Added code for the colostomy formation.
Secondary Procedure	0FB00ZX	Added code for the liver biopsy performed during the intestinal resection.