The Challenging Worlds of HIM and Coding

Presented by Lisa A. Walter, RHIA, Vice President, HIM Consulting
What are your biggest challenges in HIM and Coding?
HEALTH INFORMATION MANAGEMENT CONSULTING
Solving Practical Challenges with Innovative Solutions

- HIM management vacancy; System implementation support needs; Declining metrics; Rising expenses
- Computer Assisted Coding (CAC) technology implementation or utilization support needs
- Limited or no resources to ensure coding compliance; potential for missed revenue; increase in coding related denials
- Limited or no resources to address coder and provider educational opportunity needs
- Interim HIM Director, Coding Manager, Operations Manager, Project Manager, or HIM Subject Matter Expert
- CAC readiness assessment
- CAC optimization review post go-live
- Hospital coding quality reviews
- Professional Provider coding and documentation reviews
- Professional HCC Risk Adjustment reviews
- Hospital Coder and CDI education
- Provider clinical documentation education
- Provider E&M and Risk Adjustment education

HEALTH INFORMATION MANAGEMENT CONSULTING
Solving Practical Challenges with Innovative Solutions
<table>
<thead>
<tr>
<th>HIM</th>
<th>CODING AUDIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• AHIMA Credentialed</td>
<td>• Credentialed (RHIT, CCS, CRC, RN)</td>
</tr>
<tr>
<td>Industry Recognized SMEs (RHIA)</td>
<td>including <strong>AHIMA ICD-10</strong> SMEs</td>
</tr>
<tr>
<td>• 20+ years HIM Operational</td>
<td>• 3+ years ICD-10 coding audit</td>
</tr>
<tr>
<td>Experience</td>
<td>experience</td>
</tr>
<tr>
<td>• Outstanding Leadership Skills</td>
<td>• Coding and Documentation</td>
</tr>
<tr>
<td>• Transformation Change Agents</td>
<td>reviews</td>
</tr>
<tr>
<td>• HIM System Experience</td>
<td>• Customized coder &amp; provider</td>
</tr>
<tr>
<td></td>
<td>education with AHIMA CEUs</td>
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Health Information Management Consulting – Delivery Value Through a Proven Approach

Limited or no resources to perform coding quality reviews

Coding Quality Reviews: ICD-10-CM/PCS, CPT/HCPCS, E&M coding quality, HCC and clinical documentation reviews

Methodology
- Remote medical record review for coding accuracy
- Remote medical record review for documentation gaps
- Billing review
- Reporting database tracking

Deliverables
- Detailed summary of account findings
- Written report with summary of findings & recommendations for coder education and clinical documentation improvement
- WebEx or Onsire educational sessions

Benefits
- Highly experienced coding auditors
- Improved coder coding proficiency
- Improved coding/billing compliance
- DRG optimization
- Ongoing coder education
# Types of Coding and Documentation Reviews

<table>
<thead>
<tr>
<th>Category</th>
<th>Review Types</th>
</tr>
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</table>
| Inpatient      | • ICD-10-CM/PCS  
|                | • DRG Validation  
|                | • Present on Admission (POA) & Discharge Disposition  
|                | • Hospital Acquired Conditions (HACs)                                       |
| Outpatient     | • ICD-10-CM/PCS  
|                | • CPT/HCPCS  
|                | • E&M                                                         |
| Ancillary      | • ICD-10-CM                                                                   |
| Professional   | • ICD-10-CM  
|                | • CPT/HCPCS  
|                | • E&M  
|                | • Risk Adjustment Hierarchical Coding Categories (HCC)                     |
Optum360 Chart Audit and Education Methodology

**Chart Audit**

- Coding & Documentation Risk/Opportunity
  - MRN 1234
    - History and Physical
    - Progress Notes
    - Procedures
    - Consultations
  - Coding Accuracy
  - Clinical Documentation

**Education**

- Customized Sessions
  - Guidelines (formal)
  - Findings with Actual Chart Documentation Reference

**Summary of Results**

- Summary Results by Facility, Coder and/or Physician
- Detailed Chart Analysis Report of Findings & Recommendations
Optum360 Coding Quality Review

Optum’s coding and compliance experts can support your coding quality review needs, offering both **advisory services** and purpose-built **technology**.

**Services Overview**

<table>
<thead>
<tr>
<th>Chart Sampling</th>
<th>Auditing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect and prepare charts based on specific audit requirements</td>
<td>Conduct audits and document key findings</td>
</tr>
<tr>
<td>Review charts and other documentation against predefined quality metrics</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporting</th>
<th>Education</th>
</tr>
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<tbody>
<tr>
<td>Evaluate root causes, identify impacts, and finalize recommendations</td>
<td></td>
</tr>
<tr>
<td>Detailed reimbursement impact for IP Medicare cases</td>
<td></td>
</tr>
<tr>
<td>Accuracy rates by facility and coder, detailed accounts, and Executive Summary</td>
<td></td>
</tr>
<tr>
<td>Provide quality improvement and education sessions for coders and clinical staff (Potential for AHIMA CE credits)</td>
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</tbody>
</table>

**Benefits**

- Leverage Optum’s experienced coding audit resources
- Identify immediate and longer-term improvement opportunities
- Improve coding and billing compliance and optimize DRG assignment
- Provide ongoing coder and provider education
- Understand and design coding audit programs
### Hypertensive Heart and Kidney Disease Stage 4

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>I129</td>
<td>Hypertensive chronic kidney disease</td>
<td>Y</td>
<td>Revise</td>
</tr>
<tr>
<td>I130</td>
<td>Hypertensive heart &amp; chronic kidney disease w/ heart failure</td>
<td>Y</td>
<td>Add</td>
</tr>
<tr>
<td>I429</td>
<td>Cardiomyopathy, unspecified</td>
<td>Y</td>
<td>Delete</td>
</tr>
<tr>
<td>N183</td>
<td>Chronic kidney disease, stage 3</td>
<td>Y</td>
<td>Revise</td>
</tr>
<tr>
<td>N184</td>
<td>Chronic kidney disease, stage 4</td>
<td>Y</td>
<td>Add</td>
</tr>
<tr>
<td>I509</td>
<td>Heart failure, unspecified</td>
<td>Y</td>
<td>Add</td>
</tr>
<tr>
<td>N183</td>
<td>Chronic kidney disease, stage 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N184</td>
<td>Chronic kidney disease, stage 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **I129**: Hypertensive chronic kidney disease with stage 1 through stage 4 to
- **I130**: Hypertensive heart & chronic kidney disease with heart failure and stage 1-4
- **I429**: Cardiomyopathy, unspecified
- **I509**: Heart failure, unspecified
- **N183**: Chronic kidney disease, stage 3 to **N184**: Chronic kidney disease, stage 4
At this point, his medical problems can be divided into:
1. Chest pain which could be related to hypertensive heart disease. At this point, I will rule him out per cardiac enzymes and get a stress echocardiogram. He has positive EKG changes. There is no old EKG to compare.

**Assessment:**
Hypertensive Urgency - visual, CNS, possible renal findings
HTN
HTN Cardiomyopathy - EF38% (negative stress/negative WMA Oct 2015)
• CKD (chronic kidney disease), stage IV

CKD III IV >>>>>>> nephrology consulted
Hypertensive Heart and Kidney Disease Stage 4 Cont.

**Cardiology Consult**

- CKD (chronic kidney disease), stage IV

**ER Report**

The patient has chest pain is somewhat atypical. He quite clearly has hypertensive heart disease, LVH and marked elevated blood pressures from medical noncompliance. We will attempt controlling him with labelal...

**Nephrology Consult**

Chronic Conditions:
1) HTN-uncontrolled
2) CHF/LVD-stable
3) CKD-with mild worsening
Hypertensive Heart and Kidney Disease Stage 4 Cont.

Alphabetic Index

Cardiomyopathy (familial) (idiopathic) 142.9
- hypertensive
  -- see Hypertension, heart
- heart (disease) (conditions in I51.4-I51.9 due to hypertension) 111.9
  - with
    - heart failure (congestive) 111.0
    - kidney disease (chronic)
      -- see Hypertension, cardiorenal
  - kidney 122.9
  - with
    - heart disease
      -- see Hypertension, cardiorenal
Hypertensive Heart and Kidney Disease Stage 4 Cont.

Tabular List

- Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic)
  - Cardiorenal (disease)
  - With heart failure
  - With stage 1 through stage 4 chronic kidney disease

I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

Use Additional code to identify type of heart failure

I150.

Use Additional code to identify stage of chronic kidney disease

N18.1-N18.4, N18.9

I13.1 Hypertensive heart and chronic kidney disease without heart failure

I13.10 Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Review of the Guidelines

B. General Coding Guidelines

9. Combination Code

A combination code is a single code used to classify:
- Two diagnoses, or
- A diagnosis with an associated secondary process (manifestation)
- A diagnosis with an associated complication

Combination codes are identified by referring to sub-term entries in the Alphabetic Index, and by reading the inclusion and exclusion notes in the Tabular List.

Assign only the combination code when that code fully identifies the diagnostic conditions involved, or when the Alphabetic Index so directs. Multiple coding should not be used when the classification provides a combination code that clearly identifies all of the elements documented in the diagnosis. When the combination code lacks necessary specificity in describing the manifestation or complication, an additional code should be used as a secondary code.
Question: Do two conditions have to be listed together in the diagnostic statement in order to assume an association?

Answer: It is not required that two conditions be listed together in the health record. However, the provider needs to document the linkage, except for situations where the classification assumes an association (e.g., hypertension with chronic kidney involvement). When the provider establishes a linkage or relationship between the two conditions, they should be coded as such. However, the entire record should be reviewed to determine whether a relationship between the two conditions exists. The fact that a patient has two conditions that commonly occur together does not necessarily mean they are related. A different cause may be documented by the provider. If it is not clear whether or not two conditions are related, query the provider.

Coding advice or code assignments contained in this issue effective with discharges March 31, 2014.
Coding Guideline: Hypertensive Heart and CKD

Coding Guidelines I.C.9.a.3

• Assign codes from combination category I13, Hypertensive heart and chronic kidney disease, when both hypertensive kidney disease and hypertensive heart disease are stated in the diagnosis.

• Assume a relationship between the hypertension and the chronic kidney disease, whether or not the condition is so designated.

• If heart failure is present, assign an additional code from category I50 to identify the type of heart failure, between hypertension and the chronic kidney disease, whether or not the condition is so designated.

• The appropriate code from category N18, CKD, should be used as a secondary code with a code from category I13 to identify the stage of chronic kidney disease.
• **Question:** The patient was admitted with acute respiratory failure, acute kidney injury due to acute tubular necrosis and chronic kidney disease, stage 3. The patient had a prolonged hospitalization and during the hospital course, he advanced to end stage renal disease (ESRD) and was started on hemodialysis. The provider stated, “Concerning possible renal recovery, it appears unlikely he will ever be dialysis independent given his history of CKD prior to his acute on chronic kidney injury and also because he is almost three months from his initial renal insult with no signs of renal recovery.” Since the chronic kidney disease, stage 3 had progressed to ESRD, requiring dialysis, what is the appropriate present on admission (POA) indicator for the ESRD?

• **Answer:** Assign POA indicator Y, for the ESRD. The patient experienced deterioration or worsening of the same condition. Even though chronic kidney disease stage 3 and ESRD are assigned different codes, only one code is reported for the highest or most severe stage. This advice is similar to that previously published in *Coding Clinic*, First Quarter 2009, page 19, regarding a deteriorating pressure ulcer.

• **Coding advice or code assignments contained in this issue effective with discharges March 31, 2014.**
Optum360 Consulting - HIM Consulting Services

Health Information Management
- Operational excellence assessment & business process transformation
- Optum CAC readiness assessment & CAC optimization review
- Interim placement of HIM/Coding management roles
- ICD-10-CM/PCS coding quality reviews & education
- CPT/HCPCS and E&M coding and clinical documentation quality reviews and education
- HCC Risk Adjustment reviews & education
- HIM Operations Wellness Assessment

Revenue cycle
- Assessment & Business Process Transformation
- Revenue Integrity Optimization
  - CDM evaluation and maintenance
  - Charge Accuracy & Pricing Analytics
- Denial Intelligence
- Interim placement of revenue cycle leadership roles

Shared Services
- Assessment & Planning
- Remediation Strategy & Planning
- Testing Design & Management
- Education (eLearning & instructor-led)
- Compliance monitoring & ongoing improvement
- KPI dashboard design & monitoring
- HIM, CDI & Revenue Cycle Integration
- Communication & Change Management

Clinical Documentation
- Baseline analytics & documentation reviews
- Operations & Infrastructure Transformation
- Education for practicing physicians, nurses, CDI Specialists, other (Video & instructor-led)
- Ongoing monitoring programs