Issue No. 7 Volume No. 2 October 2015

THE CODE

The Official Medical Coding Newsletter of MiraMed, A Global Services Company

ICD-10-PCS Debridement

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

I have told you about my pet peeves before; below is another. How many of you reading this article hate Convention A.11 when it comes to PCS guidelines? Come on and admit it that you are silently chuckling as you are reading this article!

What is A.11?

Convention A.11, states: *"Many of the terms used to construct PCS codes are defined within the system. It is the coder's responsibility to determine what the documetation in the medical record equates to in the PCS definitions. The physician is not expected to use the terms used in PCS code descriptions, nor is the coder required to query the physician when the correlation between the documentation and the defined PCS terms is clear."*

If I was a practicing physician I would say yep, all for it, I don't have to change or add anything to my current documentation. However, I now live on the other side where I start to mumble "*here was a perfect opportunity for CMS to put the onus on the provider for documentation but inexplicably shied away.*"

The example cited by CMS*:* *"When the physician documents "partial resection" the coder can independently correlate "partial resection" to the root operation Excision without querying the physician for clarification."*

And just when you thought it was over; NOPE!

The example given by CMS above is a very small percentage of what coding staff will be faced with as we forge into the ICD-10-PCS realm and therefore does not address the myriad of problems that will be surfacing, forcing the coders to query for documentation clarification. Let us look at debridement. Debridement fits into two different root operations, depending on the method used: excision and extraction.

If you look up debridement in the ICD-10 index you will find:

(Continued on page 2)

TABLE *of* CONTENTS

ICD-10-PCS Debridement 1
Rhinoplasty: An Education 4
ICD-10 Coding Clinic Corner: Acute Blood Loss Anemia 5
Stars of MiraMed 6
Are You a Good Auditor? 6
Coding Case Scenario 8

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

Our words are very powerful, always make sure that you use the right words, which encourages people instead of discouraging.

Anurag Prakash

ICD-10-PCS Debridement *(Continued from page 1)*

***Debridement**:*

- *Excisional see Excision.*
- *Non-excisional see Extraction.*

The definitions from CMS are as follows:

- ***Excision**: Cutting out or off, without replacement, a portion of a body part.*
- ***Extraction:** Pulling or stripping out or off all or a portion of a body part by the use of force.*

As you can see, not only does the debridement issue not go away with PCS, it can get worse as coders can code excision or extraction on almost any body part. The following important elements need to be found in the medical record to support assignment of the correct code:

- Condition requiring debridement (e.g., ulcer, fracture);
- Site of the debridement (e.g., foot, sacrum);
- Extent and depth of debridement (e.g., code to the deepest level [layer] of tissue);
- Method(s) used to remove tissue (e.g., a definite cutting away of tissue);
- Specific type of tissue being removed (e.g., skin, subcutaneous, muscle, bone or tendon) ;
- A cutting of tissue outside or beyond the wound margin; and
- Laterality.

Documentation stating "excisional debridement" is not enough to code excisional debridement. The AHA Coding Clinic for ICD-9-CM has provided much guidance on when to code ICD-9 Code 86.22, Excisional debridement of wound, infection or burn. The information from 1988 to 2005 specifies that the code applies to the surgical removal or cutting away rather than scrubbing, scraping, brushing, washing or snipping away bits of tissue with scissors. Therefore, applying the guidance, one would be geared towards reporting an excisional debridement when a portion of a body part is cut out or off using a sharp instrument, such as a scalpel, wire, scissors, a bone saw, electrocautery tip or a sharp curette provided the documentation in the medical record also supported the procedure. The other important thing to remember, which most forget, is that the coding clinic provided guidance in cutting tissue outside or beyond the wound margin. The first quarter 2004 *Coding Clinic* further defined excisional debridement to *involve cutting outside or beyond the wound margin in removing devitalized tissue*. Documentation should clearly indicate that the procedure involves cutting outside or beyond the wound margin. If in doubt, look for a specimen being sent to the lab.

If the physician documentation currently does not support excisional debridement in ICD-9-CM, it won't support excisional debridement in ICD-10-PCS. Sometimes the documentation will state excisional debridement, but when you read it you find that the provider has done an incision and drainage. The provider has cut open the cyst/tumor to let out fluid. In these instances, drainage (taking or letting out fluids and/or gases from a body part) would be the reported procedure. If, however, the provider documentation that just states a wound was "debrided to normal bleeding tissue" or it is noted in the documentation that "bleeding was observed," this may require a provider query for clarification. If the documentation says removal of "necrotic tissue," this will not help in assigning the correct code.

In the past, AHA has clarified via example that if a single leg ulcer was debrided via excision and included the removal of skin, subcutaneous tissue, fascia, muscle and even bone, the only code assigned would be the excision of lesion of the specific bone(s) (*AHA Coding Clinic for ICD-9-CM*, 1999, first quarter, pages 8-9). In ICD-10 a guideline has been added,

(Continued on page 3)

ICD-10-PCS Debridement *(Continued from page 2)*

B3.5 (overlapping body layers). If the root operations excision, repair or inspection are performed on overlapping layers of the musculoskeletal system, the body part specifying the deepest layer is coded. Therefore, if an excisional debridement is done that includes skin and subcutaneous tissue and muscle when the guideline is applied the deepest body part would be muscle. This guideline mirrors AHA guidance in coding to the deepest layer.

Example: Excisional debridement of left trochanteric pressure ulcer, stage four to bone.

- 0QB70ZZ Excision left upper femur, open approach.

ICD-9-CM does not specify the approach, whereas ICD-10-PCS provides approach values for open, percutaneous endoscopic or percutaneous.

Example: Right foot ulcer involving only the skin.

- If a non-excisional debridement was done the code would be 0HDMXZZ Extraction of right foot skin, external approach, and
- If an excisional debridement the code would be 0HBMXZZ Excision of right foot skin, external approach.

Example: Excisional debridement of skin, subcutaneous tissue, and muscle of buttocks.

- 0KBN3ZZ Excision of right hip muscle, percutaneous approach, or
- (Accounting for laterality), 0KBP3ZZ Excision of left hip muscle, percutaneous approach.

Also remember that excisional debridement is not necessarily exclusive to the operating room. It can be done at bedside, or in the emergency department. From a coding perspective as to which one, excisional vs. non-excisional, may apply, ponder on the inpatient example in which a patient is found to have a decubitus ulcer requiring and excisional debridement. This patient is likely to require a longer hospital stay than one who only needs a round of antibiotics and Silvadene with regular dressing changes.

What is the take away in all of this? It will be imperative to read that operative report and to actually see that the physician is using a sharp instrument and cutting away and removing something. If, on the other hand, the physician performs a non-excisional debridement, the root operation will be extraction. Report an extraction when the physician pulls or strips off the body part. I am visual, so I think vein stripping procedures when thinking of the root word extraction.

Never ever rely solely on the title of the procedure that is being performed, read that entire operative report. Sometimes the title of the procedure will contradict what the physician actually did. Finally, PCS does not do away with worrying about how to code for debridement; in fact it will only get more complicated, so let the query process begin.

One great source of motivation is inspiration. Be inspired and inspire others to stay motivated. Listen, read and speak words of encouragement to yourselves and others always.

Terry Mark

Rhinoplasty: An Education

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

In today's society, having good looks is one of the concerns of many people regardless of the fact that they must go "under the knife" in pursuit of beauty. It is said that East Asia has glorified cosmetic surgery. To be more specific, South Korea, where a lot of Korean popstars are from, has the highest rate of people undergoing plastic surgery in the world. This occurrence is found not only in East Asia, but in the rest of the world as well.

Did you know that the father of cosmetic surgery is an Indian surgeon named Sushrutha? This could be one of the many reasons why Asian countries have the highest rate of cosmetic surgeries. The first documentation of plastic surgery by Sushrutha was in the fifth century AD. Yet, it does not mean that during that time people were already obsessed with looks. The purpose of cosmetic surgery was to help people with disfigured appearances.

The first cosmetic surgery done by Sushrutha was Rhinoplasty. During his time, one of the punishments for committing crimes such as adultery and theft was the removal of the offender's nose. Sushrutha repaired their noses to aid their facial appearance. This operation was also used for patients whose nose has been affected by Syphilis known as "saddle nose."

This involved cutting a nose-sized section of skin from the forehead and attaching it to the bridge of the nose to maintain a steady blood supply. The flap was then twisted into place and sewn over the damaged area, thus providing an apt replacement for the lost nose but also leaving the patient's forehead scarred. His technique of rhinoplasty is still used today.

Encouragement is the fuel on which hope runs on.

Unknown

ICD-10 Coding Clinic Corner: Acute Blood Loss Anemia

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

Pathophysiology:

Anemia is a condition in which the red blood cells are reduced in number; there is deficiency in hemoglobin or a reduction in volume of packed red blood cells (RBC) (hematocrit). It may be local, often referred to as ischemia or general. The effects will vary with the form, cause and severity of the anemia. The signs and symptoms usually found in any anemia are pallor, palpitation (tachycardia), shortness of breath, vertigo and weakness. The patient, in addition to exhibiting hypovolemia, will have hypotension and cyanosis reflecting impaired oxygen carrying capacity.

Acute blood loss anemia occurs when there is excessive bleeding which results in a decrease number of RBCs. This means that the production of new red blood cells in the body cannot keep up with the loss of RBCs through bleeding.

Common manifestations of acute blood loss anemia are the following:

- When the blood loss is rapid, the patient's blood pressure will tend to drop (hypotension) and the patient may feel lightheaded or dizzy.
- When the blood loss is gradual, the patient may feel tired, be short of breath and pale.
- Patient may experience black, tarry stools if the source of bleeding is in stomach or small intestines.
- Patient may experience red to brown urine if the source of bleeding is in the kidneys or bladder.

The Physician may order blood, stool or urine tests and imaging to determine the source of bleeding. Once the source of bleeding is identified, there may be medical interventions to correct the problem such as red blood cell transfusion and IV fluids.

Coding Clinic:

Question: Would it be acceptable to develop a coding guideline for acute blood loss anemia based on lab values and clinical signs with physician approval without the need for physician documentation of acute blood loss anemia?

Answer: No, internal guidelines should never replace physician documentation. The guideline should be used to promote complete documentation and consistent code assignment. They can also be used by the coders for assistance in when to query physicians for clarification.

References:

Coding Clinic, First Quarter 2014
http://www.merckmanuals.com/home/blood-disorders/anemia/anemia-due-to-excessive-bleeding

Stars of MiraMed

This month's Star is …

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

MiraMed's brightest shining star this month is Evan Lendle C. Ramos. Evan, a popular staff member in MiraMed Philippines Group, LLC - Philippine Branch (MMP) due to the fact that all of MMP's medical coders pass thru his training sessions.

Evan Lendle Ramos, RN, CCS, CIC

Together with a group of about 12 trainees, Evan joined MMP as the pioneer team. He became AHIMA's first Certified Coding Specialist (CCS) in the Philippines. From a medical coder, he rose through the ranks and became a production supervisor, a trainer and currently he is the Senior Manager for Training and Education. He also holds the distinction of being the first AAPC Certified Inpatient Coder (CIC) in the Philippines. His achievements in obtaining his medical coding credentials have aided him and his department in training. Evan and his department have certified more than 400 MMP staff members in AHIMA's CCS, CCS-P, CCA and AAPC's CPC, COC and CIC credentialing. He strongly believes in the power of social media. He has launched a group of the Philippines' selected medical coders called League of Leaders where medical coders exchange notes and coding tips and cases.

Evan has a Bachelor of Science degree in Nursing from the Far Eastern University in Manila, Philippines. He then successfully completed the licensure exams for registered nurses.

Are You a Good Auditor?

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

Direction: All Medical Coding staffs 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 patient with known viral hepatitis (chronic) caused by hepatitis B is seen in an outpatient clinic to be evaluated for treatment. The patient also has cirrhosis of the liver. The patient is noted to be a chain smoker of tobacco cigarettes and alcohol dependent. The provider has counseled him on smoking cessation program and advised him to undergo rehabilitation program on his alcoholism. The patient also suffers from diabetes mellitus (DM), upon checking his DM status, it is out of control. He is taking insulin at home.

	ICD-9-CM	ICD-10-CM
Principal Diagnosis	070.32	B18.1
Secondary Diagnosis	305.1	F17.290
Secondary Diagnosis	305.00	F10.129
Secondary Diagnosis	250.00	E13.9
Secondary Diagnosis	V58.67	Z79.811

(Continued on page 7)

Are You A Good Auditor *(Continued from page 6)*

Correct Answer From Previous Case Scenario:

	ICD-9-CM	Audit Remark	ICD-10-CM	Audit Remark
Principal Diagnosis	944.37	For burns of more than one degree of the same site, code to the most severe degree. To identify multiple sites of wrist and hands, assign code 944.38.	T23.321A	For burns of more than one degree of the same site, code to the most severe degree. To identify multiple sites of wrist and hands, assign code T23.392A.
Secondary Diagnosis	948.00	No changes.	X12.XXXA	No changes.
Secondary Diagnosis	E924.2	No changes.	Y92.79	No changes.
Secondary Diagnosis	E849.0	No changes.	T31.0	No changes.
Secondary Diagnosis	E015.2	Added code for activity. Patient was cooking when the accident happened.	Y93.G3	Added code for activity. Patient was cooking when the accident happened.
	ICD-9-CM	**Audit Remark**	**ICD-10-PCS**	**Audit Remark**
Principal Procedure	86.62	No changes.	0HRGX74	Change 4th character to G as the body part involved in the procedure is the left hand. The skin graft meets the objective of the root operation “replacement,” putting in or on biological or synthetic material that physically takes the place and/or function of all or a portion of a body part.
Secondary Procedure			0HB8XZZ	Add code 0HB8XZZ for the excision of buttock skin for grafting. If an autograft is obtained from a different body part, (e.g., harvested saphenous vein graft in CABG procedure) a separate excision is also coded.

Coding Case Scenario

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

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

A 45 year-old male patient presents in the hospital with abdominal pain. The provider ordered a CT scan of the abdomen and revealed a tumor in the transverse colon. An exploratory laparotomy was performed with resection of the transverse colon and end-to-end anastomosis. A temporary colostomy was placed. During the operation, the provider biopsied the liver as the patient had hepatomegaly. Pathologic findings revealed primary malignant neoplasm of the transverse colon which metastasized to liver.

Correct Answer from Previous Case Scenario:

	ICD-9-CM	ICD-10-CM	Coding Remark
Principal Diagnosis	722.1	M51.27	ICD-9-CM: Displacement of lumbar intervertebral disc without myelopathy. No additional codes are assigned for low back pain and sciatic pain as they are inherent in disk herniation. ICD-10-CM: The term *extrusion* leads to the note “see displacement, intervertebral disc” in the Alphabetic Index. Because asthma and ulcers are under current treatment and meet the UHDDS definition of additional diagnoses, they are assigned codes as coexisting conditions.
	ICD-9-CM	**ICD-10-PCS**	**Coding Remark**
Principal Procedure	80.51	0SB40ZZ	In a microdiscectomy, only a portion of the disc is removed, thus the root operation “excision” is used.