Fast Facts Friday

ICD-10 Coding Pitfalls To Avoid

The following information may or may not be appropriate to your clinical setting. Please review the information and determine the appropriateness of the content prior to sharing with your staff.

Eligible for LMS Credit: ☑ Yes

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There are two things happening with ICD-10 coding in our inpatient rehabilitation programs that are causing us to have errors in coding

1. Incorrectly using diagnoses with a 7th character of “D” instead of using “A” as the 7th character when coding the etiologic diagnosis on the IRF-PAI.
2. Using unspecified/non-specific codes

KEY POINTS

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

“7th character “A”, initial encounter is used while the patient is receiving active treatment for the condition. Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and continuing treatment by the same or a different physician.” “A” is used for active treatment, not only the initial encounter. (1)

Per CMS “in the IRF context, we define the patient as having a current diagnosis requiring the use of the seventh character extension of “A” if the patient requires current treatment for the injury and if the diagnosis has a direct effect on the patient’s rehabilitation therapy program in the IRF.” This instruction by CMS regarding the seventh character in the IRF setting apply to reporting on the IRF-PAI only. (2) “A” is the primary reason for the patient’s admission and can be used in multiple settings. For example, if the patient has a fall that results in a new hip fracture, the “A” will be used in the emergency room, acute care hospital and the IRF/ARU. “D” means aftercare which coders will use on the UB.

We have numerous instances where patients’ etiologic diagnoses are being listed with a 7th digit of “D” instead of “A” on the IRF PAI. This is incorrect. This is confusing because the coders may send you coding with the 7th digit of a “D” since this is what gets listed on the UB, but, with only a few exceptions, we must use a “A” on the IRF-PAI per the CMS guidance above.

This is further complicated by the eRehab reporting. Femoral neck/hip femoral fracture codes listed on the ICD-10 presumptive list have a 7th character of “A.” Femoral neck/hip femoral fracture codes with a 7th digit of “D” are not listed as compliant on the ICD-10 presumptive list and these diagnoses with the 7th character of “D” are also not listed as an excluded code on the 08.11 IGC exclusionary IGC/Etio pairing presumptive list, so these cases are being inadvertently counted as presumptive based on the IGC in the eRehab reporting even though they are incorrectly coded with the “D” instead of “A”.

The fix for this issue is for us to be sure we are correctly using the 7th character of “A” for the etiologic diagnosis on the IRF-PAI.
UNSPECIFIED/NONSPECIFIC CODING

If the Femoral neck/hip femoral fracture code we use is an unspecified/nonspecific code with a 7th digit of “A”, these cases will not qualify as presumptive, and as we have previously directed, you must work with the physicians and coders to get more specific coding to have these cases qualify as presumptive.

Example: Femoral neck/hip femoral fracture codes S72.001D/s72.002D are incorrect codes for the etiologic diagnosis. These will show in the eRehab report as qualified for presumptive, but these are incorrectly coded. The Femoral neck/hip femoral fracture codes must use a 7th digit of “A” for etiologic diagnosis. S72001A/S72.002A are unspecified femur fx codes and will not qualify for presumptive, even though the correct 7th digit of “A” is used. A more specific Femur FX code – for example – S72.111A would result in the diagnosis qualifying as presumptively compliant.

It is important that coders and program leaders understand that the etiologic code on the IRF-PAI does not have to match the principle diagnosis code on the UB.

WHAT DOES THIS MEAN/WHAT SHOULD I DO?
• We should be using codes with the 7th character of “A” for the etiologic diagnosis on the IRF-PAI.
• If we use unspecified/non-specific codes, even with a 7th character of “A”, these unspecified codes in most instances will not qualify as 60% presumptive. We must use specific codes and should work with our physicians to get the needed specificity in their documentation. (Review FFF from 7/1).
• If there are patients with etiologic diagnosis codes with unspecified/nonspecific codes with a 7th character of “D” and we change these to an unspecified/non-specific code with a 7th character of “A”, these will not qualify for presumptive compliance. These codes need to be corrected if possible by identifying a specific diagnostic code with a 7th character of “A”.

Compliant ICD-10 coding based on complete and comprehensive documentation ensures that we meet all of the regulatory requirements for the IRF level of care and most importantly ensures that each of our patients receives their prescribed level of rehabilitation services.

Please contact your Regional Clinical Performance Specialist with questions or for further assistance.

Reference: