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ICD-10 for Cardiothoracic Surgery

UConn Health

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Introductions

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Agenda

- After attending this session, participants will be able to:
  - Describe the challenges associated with ICD-10 implementation
  - Identify documentation standards necessary for complete and accurate code assignment
  - Identify the importance of physician documentation and coding
  - Discuss the importance behind the query writing process and Physician response.

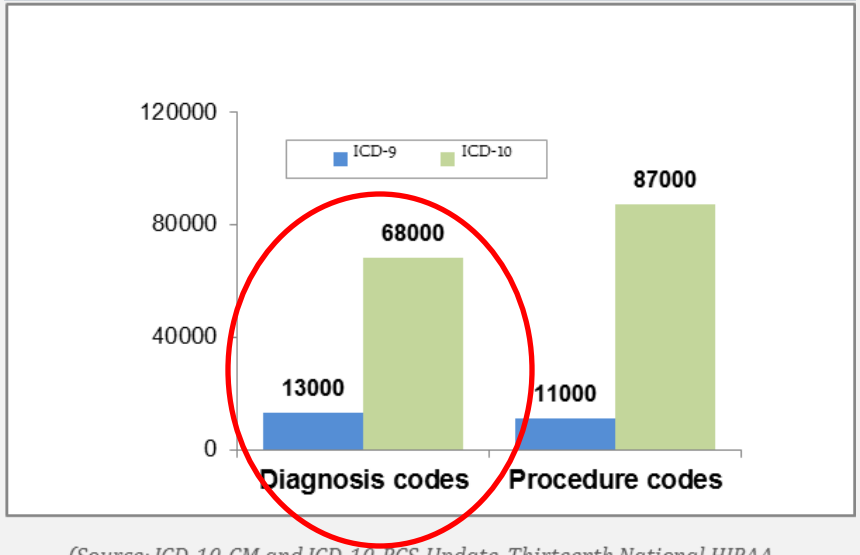
Changes to Diagnosis Codes

The most significant difference between ICD 9 and ICD 10 is the size and composition of the new codes

- ICD 9 is five digits where ICD 10 is 7 alphanumeric characters
- Re-structured classification
- Specificity and detail have been expanded

ICD 10 better describes acuity, complexity and laterality of the patients under your care

Number of ICD 9 and ICD 10 codes for diagnoses and procedures



(Source: ICD-10-CM and ICD-10-PCS Update, Thirteenth National HIPAA Summit, 9/26/2006; Rand Study, March 2004)

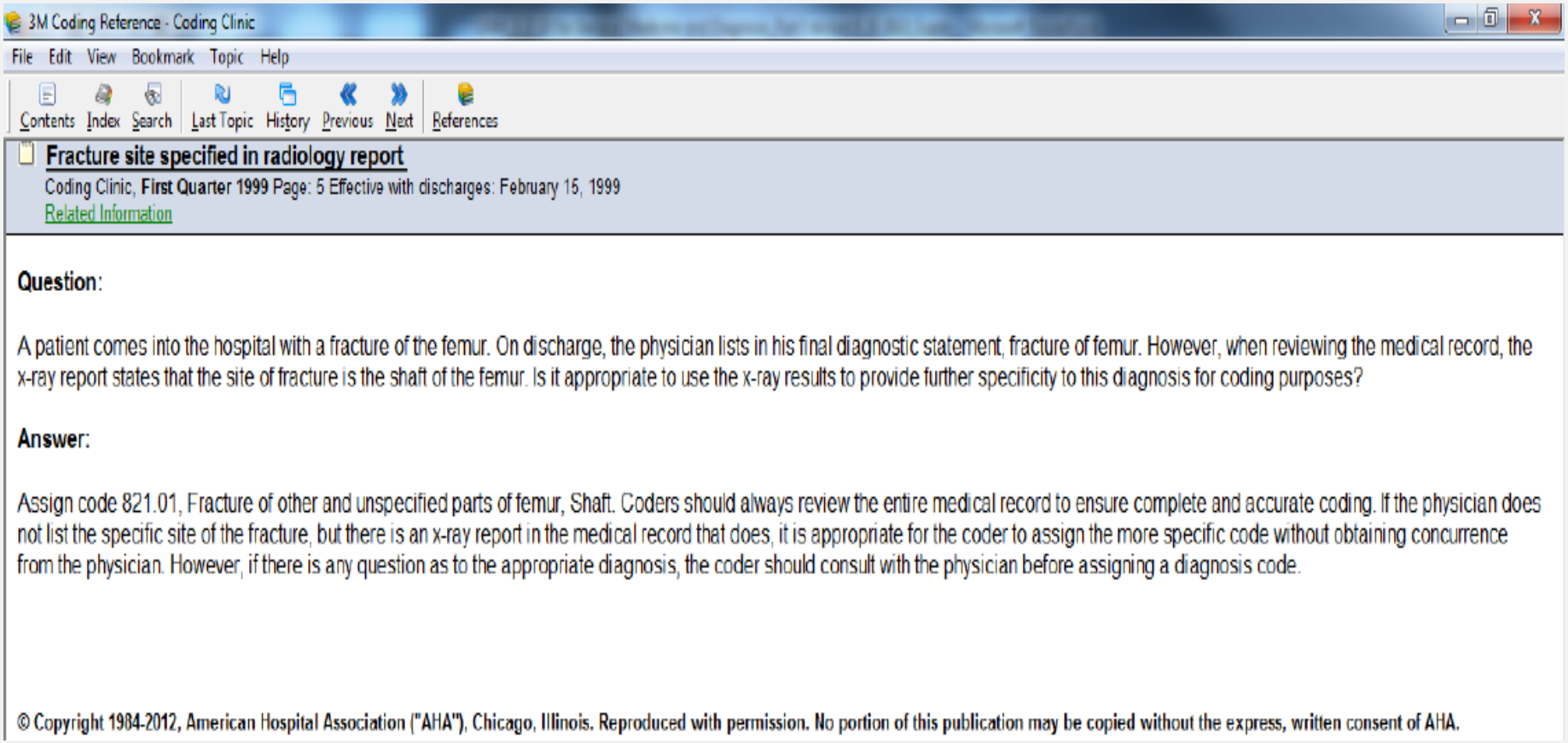
Considerations

- ICD-10 requires collaboration, collaboration and more collaboration between all members of the clinical and non-clinical healthcare team:
  - Education of CDI/coder staff
  - Template revisions
  - Query revisions

Challenges

- ICD-10 is a classification system, not a clinical language system:
  - Physician documentation - primarily directed for communication between clinicians
  - Bridging gaps between coder classification language and physician clinical documentation

Challenges: Coding Specificity



3M Coding Reference - Coding Clinic

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Fracture site specified in radiology report

Coding Clinic, **First Quarter 1999** Page: 5 Effective with discharges: February 15, 1999

Related Information

Question:

A patient comes into the hospital with a fracture of the femur. On discharge, the physician lists in his final diagnostic statement, fracture of femur. However, when reviewing the medical record, the x-ray report states that the site of fracture is the shaft of the femur. Is it appropriate to use the x-ray results to provide further specificity to this diagnosis for coding purposes?

Answer:

Assign code 821.01, Fracture of other and unspecified parts of femur, Shaft. Coders should always review the entire medical record to ensure complete and accurate coding. If the physician does not list the specific site of the fracture, but there is an x-ray report in the medical record that does, it is appropriate for the coder to assign the more specific code without obtaining concurrence from the physician. However, if there is any question as to the appropriate diagnosis, the coder should consult with the physician before assigning a diagnosis code.

Challenges

- Documentation by the physician of specific components of a particular classification (diagnosis code) is required:
  - Test results, labs, x-rays, EKGs, echo reports, path reports, studies performed for diagnosis are not sufficient documentation for classifying (coding) a disease/injury
  - Coders are only allowed to use physician documentation to classify a disease/injury or procedure

Documentation for Diagnosis

Requirements for Detailed Documentation for Diagnoses	
Acuity	Acute, chronic or both
Specific site	Femur trochanteric – apophyseal, greater trochanter, intertrochanteric, lesser trochanter
Laterality	Right, left, bilateral
Specific type of fractures	Displaced/non-displaced fractures, transverse, oblique, spiral, comminuted, segmental
Etiology of diagnosis	Fracture/dislocation due to – pathological, recurrent, fatigue, age-related, osteoporosis
Link must be established between manifestations and underlying diseases	Osteomalacia – puerperal, senile, due to malabsorption or malnutrition, aluminum bone disease, drug induced
Non-pressure skin ulcers	Site, laterality and depth of tissue involvement

Documentation for Diagnosis (cont.)

Requirements for Detailed Documentation for Diagnoses	
Complications of care	Intraoperative, postoperative, mechanical malfunctions, Infections (device vs. wound)
Injury details	Place of occurrence, activity causing the injury; accident details
Episode of care	Initial treatment, subsequent treatment (for routine or delayed healing), sequela
Drug reactions/interactions/adverse reactions	Poisoning (accidental/intentional/assault/undetermined), adverse effect, underdosing (due to financial hardship, age-related)
Degree of severity	Mild, moderate, severe, e.g., Malnutrition: mild, moderate, severe

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Cardiothoracic Diagnoses Documentation Examples

Top Diagnosis Codes

Cardiothoracic Surgery - Diagnosis
285.1 - AC POSTHEMORRHAG ANEMIA
564.00 - UNSPECIFIED CONSTIPATION
414.00 - CORONARY ATHEROSCLEROSIS OF UNSPECIFIED VESSEL
512.89 - OTHER PNEUMOTHORAX
427.31 - ATRIAL FIBRILLATION
799.02 - HYPOXEMIA
782.0 - SKIN SENSATION DISTURB
511.9 - PLEURAL EFFUSION NOS
790.29 - OTHER ABNORMAL GLUCOSE
276.69 - OTHER FLUID OVERLOAD
250.00 - DM W/O MENTION OF COMP,TYPE II[NIDDM]
510.9 - EMPYEMA W/O FISTULA
424.1 - AORTIC VALVE DISORDER
285.9 - ANEMIA NOS
512.1 - LATROGENIC PNEUMOTHORAX
414.01 - CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY VESSEL
421.0 - AC/SUBAC BACT ENDOCARD
486. - PNEUMONIA, ORGANISM NOS
401.1 - BENIGN HYPERTENSION
401.9 - HYPERTENSION NOS
799.3 - DEBILITY NOS
V45.81 - AORTOCORONARY BYPASS
327.23 - OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)
787.21 - DYSPHAGIA, ORAL PHASE
424.0 - MITRAL VALVE DISORDER

Clinical Examples – Documentation Improvement

Laterality

- ICD-10-CM introduces laterality to the diagnosis classification system. Many providers already document which side of the body the disease or injury occurred, but it is now a required data element with ICD-10-CM.

- **Over 5,000 diagnoses have a right and left distinction, such as:**
  - Joint pain/effusion
  - Pneumonia
  - Arthritis
  - Otitis Media

- The following are classification examples of when documentation of laterality is required:
  - M25.561 Pain in right knee
  - S52.521A Torus fracture of lower end of right radius
  - 89.011 Pressure ulcer of the right elbow, stage 1

Anemia ICD-9

- 285 Other and unspecified anemias
  - 285.0 Sideroblastic anemia
  - 285.1 Acute posthemorrhagic anemia
  - 285.2 Anemia of chronic disease
  - 285.3 Antineoplastic chemotherapy induced anemia
  - 285.8 Other specified anemias
  - 285.9 Anemia, unspecified

Anemia ICD-10

- D62 Acute posthemorrhagic anemia

- D64 Other anemias
  - D64.0 Hereditary sideroblastic anemia
  - D64.1 Secondary sideroblastic anemia due to disease
  - D64.2 Secondary sideroblastic anemia due to drugs and toxins
  - D64.3 Other sideroblastic anemias
  - D64.4 Congenital dyserythropoietic anemia
  - D64.8 Other specified anemias
  - D64.9 Anemia, unspecified

Coronary Atherosclerosis ICD-9

- 414.0 Coronary atherosclerosis
  - 414.00 Of unspecified type of vessel, native or graft
  - 414.01 Of native coronary artery
  - 414.02 Of autologous biological bypass graft
  - 414.03 Of non-autologous biological bypass graft
  - 414.04 Of artery bypass graft
  - 414.05 Of unspecified type of bypass graft
  - 414.06 Of native coronary artery of transplanted heart
  - 414.07 Of bypass graft (artery) (vein) of transplanted heart

CAD with Angina in ICD-10

- I25 – Chronic ischemic heart disease
  - I25.1 - ASHD of native coronary artery
    - I25.10 – without angina pectoris
    - I25.11 – with angina pectoris
      - I25.110 – with unstable angina
      - I25.111 – with documented spasm
      - I25.118 – with other forms of angina pectoris
      - I25.119 – with unspecified angina pectoris
  - I25.2 – Old MI
  - I25.3 – Aneurysm of heart
  - I25.4 – Coronary artery aneurysm and dissection
    - I25.41 – Aneurysm
    - I25.42 – Dissection
  - I25.5 – Ischemic cardiomyopathy
  - I25.6 – Silent myocardial ischemia

CAD with Angina in ICD-10

- I25 – Chronic ischemic heart disease
  - I25.7 - ASHD of bypass grafts and coronary artery of transplanted heart with angina pectoris
    - I25.70 – ASHD of bypass grafts, unspecified with angina pectoris
      - I25.700 – with unstable angina
      - I25.701 – with documented spasm
      - I25.708 – with other forms of angina pectoris
      - I25.709 – with unspecified angina pectoris
    - I25.71 – ASHD of autologous vein bypass graft with angina pectoris
      - I25.710 – with unstable angina
      - I25.711 – with documented spasm
      - I25.718 – with other forms of angina pectoris
      - I25.719 – with unspecified angina pectoris
    - I25.72 – ASHD of autologous artery bypass graft with angina pectoris
      - I25.720 – with unstable angina
      - I25.721 – with documented spasm
      - I25.728 – with other forms of angina pectoris
      - I25.729 – with unspecified angina pectoris

CAD with Angina in ICD-10

- I25 – Chronic ischemic heart disease
  - I25.7 - ASHD of bypass grafts and coronary artery of transplanted heart with angina pectoris
    - I25.73 – ASHD of nonautologus biological bypass grafts, w/ angina pectoris
      - I25.730 – with unstable angina
      - I25.731 – with documented spasm
      - I25.738 – with other forms of angina pectoris
      - I25.739 – with unspecified angina pectoris
    - I25.75 – ASHD of native coronary artery of transplanted heart w/ angina pectoris
      - I25.750 – with unstable angina
      - I25.751 – with documented spasm
      - I25.758 – with other forms of angina pectoris
      - I25.759 – with unspecified angina pectoris
    - I25.76 – ASHD of bypass graft of transplanted heart w/angina pectoris
      - I25.760 – with unstable angina
      - I25.761 – with documented spasm
      - I25.768 – with other forms of angina pectoris
      - I25.769 – with unspecified angina pectoris

CAD with Angina in ICD-10

- I25 – Chronic ischemic heart disease
  - I25.8 - ASHD of other coronary vessels without angina pectoris
    - I25.81 – ASHD of other coronary vessels , w/o angina pectoris
      - I25.810 – Bypass grafts, NOS
      - I25.811 – Native coronary artery of transplanted heart
      - I25.812 – Bypass graft of coronary artery of transplanted heart
      - I25.739 – with unspecified angina pectoris
    - I25.82 – Chronic total occlusion of coronary artery
    - I25.83 – Coronary atherosclerosis due to lipid rich plaque
    - I25.84 – Coronary atherosclerosis due to calcified coronary lesion
    - I25.89 – Other forms of chronic ischemic heart disease
  - I25.9 – Chronic ischemic heart disease, unspecified

Coronary Artery Disease

- The classification of Coronary Artery Disease now includes that of:
  - Native Coronary Arteries
  - Coronary Artery Bypass Grafts
    - Autologous veins or arteries
    - Nonautologous biological
  - Transplanted heart
  - With or without angina, unstable
  - With documented spasm

Coronary Artery Disease Scenario

Patient presents with chest pain and undergoes a cardiac catheterization. H&P documents a history of a CABG. The cardiac cath results show atherosclerosis of the right coronary artery with unstable angina.

Coronary Artery Disease

- With documentation of atherosclerosis of right coronary artery, history of CABG, scenario codes as:
  - I25.110 – Atherosclerotic heart disease of native coronary artery with unstable angina pectoris.
- If the documentation stated, “atherosclerosis of the internal mammary bypass graft”, scenario would code as:
  - I25.720 – Atherosclerotic heart disease of autologous artery bypass graft with unstable angina pectoris.

Atrial Fibrillation ICD-9

- 427.3 Atrial fibrillation and flutter
  - 427.31 Atrial fibrillation
  - 427.32 Atrial flutter

Atrial Fibrillation ICD-10

- I48 Atrial fibrillation and flutter
  - I48.0 Paroxysmal atrial fibrillation
  - I48.1 Persistent atrial fibrillation
  - I48.2 Chronic atrial fibrillation
  - I48.3 Typical atrial flutter
  - I48.4 Atypical atrial flutter
  - I48.9 Unspecified atrial fibrillation and atrial flutter
    - I48.91 Unspecified atrial fibrillation
    - I48.92 Unspecified atrial flutter

Hypoxemia ICD-9

- 799.0 Asphyxia and hypoxemia
  - 799.01 Asphyxia
  - 799.02 Hypoxemia

Hypoxemia

- R09.0 Asphyxia and hypoxemia
  - R09.01 Asphyxia
  - R09.02 Hypoxemia

Numbness of Skin ICD-9

- 782 Symptoms involving skin and other integumentary tissue
  - 782.0 Disturbance of skin sensation
  - 782.1 Rash and other nonspecific skin eruption
  - 782.2 Localized superficial swelling, mass, or lump
    Subcutaneous nodules
  - 782.3 Edema
  - 782.4 Jaundice, unspecified, not of newborn
  - 782.5 Cyanosis
  - 782.6 Pallor and flushing
    - 782.61 Pallor
    - 782.62 Flushing
  - 782.7 Spontaneous ecchymoses
  - 782.8 Changes in skin texture
  - 782.9 Other symptoms involving skin and integumentary tissues

Numbness of Skin ICD-10

- R20 Disturbances of skin sensation
  - R20.0 Anesthesia of skin
  - R20.1 Hypoesthesia of skin
  - R20.2 Paresthesia of skin
  - R20.3 Hyperesthesia
  - R20.8 Other disturbances of skin sensation
  - R20.9 Unspecified disturbances of skin sensation

Dehydration ICD-9

- 276.5 Volume depletion
  - 276.50 Volume depletion, unspecified
  - 276.51 Dehydration
  - 276.52 Hypovolemia
- 276.6 Fluid overload
  - 276.61 – TACO (Transfusion assoc circ overload)
  - 276.69 – Other
- 276.7 Hyperpotassemia
- 276.8 Hypopotassemia
- 276.9 Electrolyte and fluid disorders NEC

Dehydration ICD-10

- E86.0 Volume depletion
  - E86.0 Dehydration
  - E86.1 Hypovolemia
    - Depletion of volume of plasma
  - E86.2 Volume depletion, unspecified

Hypokalemia ICD-9

- 276.5 Volume depletion
  - 276.50 Volume depletion, unspecified
  - 276.51 Dehydration
  - 276.52 Hypovolemia
- 276.6 Fluid overload
  - 276.61 – TACO (Transfusion assoc circ overload)
  - 276.69 – Other
- 276.7 Hyperpotassemia
- 276.8 Hypopotassemia
- 276.9 Electrolyte and fluid disorders NEC

Hypokalemia ICD-10

- Other disorders of fluid, electrolyte and acid-base balance
  - E87.0 Hyperosmolality and hypernatremia
  - E87.1 Hypo-osmolality and hyponatremia
  - E87.2 Acidosis
  - E87.3 Alkalosis
  - E87.4 Mixed disorder of acid-base balance
  - E87.5 Hyperkalemia
  - E87.6 Hypokalemia
  - E87.7 Fluid overload
  - E87.8 Other disorders of electrolyte and fluid balance, NEC

Diabetes Mellitus ICD-9

- 250 Diabetes mellitus
  - 250.0 Diabetes mellitus without mention of complication
    - 250.00 type II or unspecified type, not stated as uncontrolled
    - 250.01 type I, not stated as uncontrolled
    - 250.02 type II or unspecified type, uncontrolled
    - 250.03 type I, uncontrolled
  - 250.1 Diabetes with ketoacidosis
  - 250.2 Diabetes with hyperosmolarity
  - 250.3 Diabetes with other coma
  - 250.4 Diabetes with renal manifestations
  - 250.5 Diabetes with ophthalmic manifestations
  - 250.6 Diabetes with neurological manifestations
  - 250.7 Diabetes with peripheral circulatory disorders
  - 250.8 Diabetes with other specified manifestations
  - 250.9 Diabetes with unspecified complication

Diabetes Mellitus

- E11 Type II diabetes mellitus, includes diabetes NOS
  - E11.0 with hyperosmolarity
  - E11.2 with kidney complications
  - E11.3 with ophthalmic complications
  - E11.4 with neurological complications
  - E11.5 with circulatory complications
  - E11.6 with other specified complications
  - E11.8 with unspecified complications
  - E11.9 without complications

Diabetes

Condition	New in ICD-10-CM	Description of Change
Diabetes Mellitus (DM)	Poorly controlled, out of control, inadequately controlled and controlled are no longer used in ICD-10-CM	Diabetes must be described by type with hyperglycemia
Gestational Diabetes	Classified to insulin controlled, diet controlled, or puerperal in the OB chapter	If described as puerperal, the diet controlled or insulin controlled component must be described as well
Other specified complications of Diabetes	Expanded to include with neuropathic arthropathy, dermatitis and oral complication including periodontal disease	Documentation of complication relationships to diabetes continues to be an opportunity for improvement
Secondary Diabetes	Specify if due to underlying condition or drug or chemical induced	Documentation must reflect the underlying cause of the DM

Diabetes Mellitus: Complication and Manifestations

Circulatory Complication

- Document Manifestation
  - Peripheral angiopathy with/without gangrene

Neurological Complication

- Document Manifestation
  - Neuropathy
  - Mononeuropathy
  - Polyneuropathy
  - Autonomic (poly) neuropathy
  - Amyotrophy

Clinical Examples – Documentation Improvement

Diabetes Mellitus

Classified by “type 1 or 2” and “other specified”

Secondary Diabetes Mellitus is further classified as:

- Due to underlying condition
- Drug or chemical induced

Gestational Diabetes is further classified as:

- Insulin controlled
- Diet controlled
- Puerpural

“Other specified” complications expanded to include:

- Neuropathic arthropathy
- Dermatitis
- Oral complications including periodontal disease and other oral disease

Pneumococcal Pneumonia ICD-9

- 481 Pneumococcal pneumonia
- 486 Pneumonia, organism unspecified

Pneumonia ICD-10

Influenza and pneumonia (J09-J18)

- J12 Viral pneumonia, NEC
- J13 Pneumonia due to S. pneumoniae
- J14 Pneumonia due to H. influenzae
- J15 Bacterial pneumonia, NEC
- J16 Pneumonia due to other infectious organisms, NEC
- J17 Pneumonia in diseases classified elsewhere
- J18 Pneumonia, unspecified organism

Hypertension ICD-9

- 401 Essential hypertension
  - 401.0 Malignant
  - 401.1 Benign
  - 401.9 Unspecified

Hypertension ICD-10

- I10 Essential (primary) hypertension
  - Includes high blood pressure, hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)
  - Excludes hypertension complicating pregnancy and associated with end organ disease

Hypertension

- There is only one code for hypertension without manifestations (benign, malignant, essential, etc…) in ICD-10.
  - The code is I10
- Documentation is required for any relationship between hypertension and other diseases.
  - Hypertensive heart disease- I11
  - Hypertensive chronic kidney disease- I12

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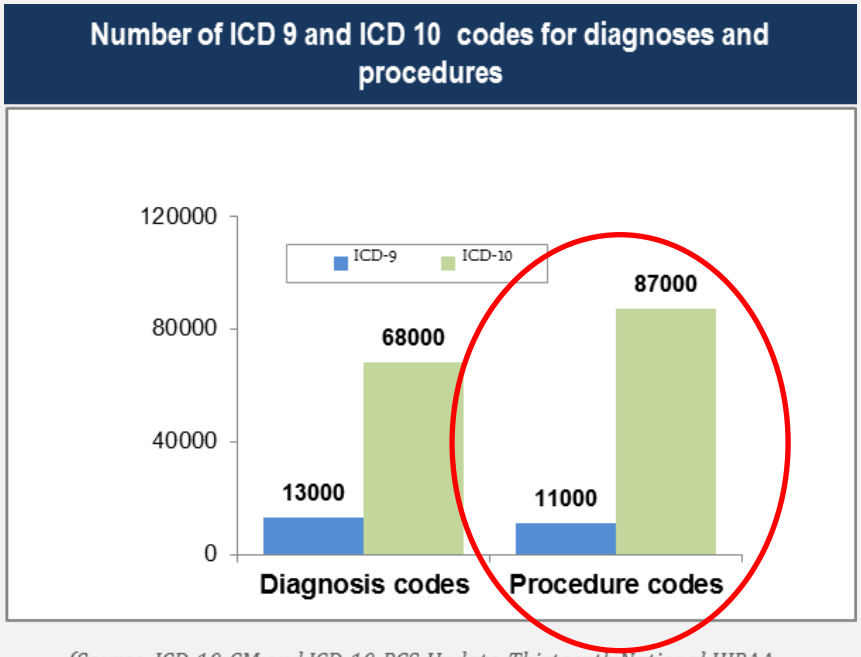
Cardiothoracic Procedure Documentation Examples

Overview of ICD-10-PCS

- Basic principles used when developing the system were that **no diagnostic information is included** in the procedure description (i.e., no codes for procedures exclusive to aneurysms, cleft lip, strictures or neoplasms, etc.).
- This procedure classification system is only utilized in the **inpatient hospital setting.**

ICD-10-PCS



(Source: ICD-10-CM and ICD-10-PCS Update, Thirteenth National HIPAA Summit, 9/26/2006; Rand Study, March 2004)

ICD-10 procedure codes will require additional and significant detail in surgical reporting

- Key ICD-10 characteristics
  - ICD-10 is a "dramatic departure" from current practice
  - Surgical codes lack decimals
  - The new code set will allow for incorporation of new procedures and technologies
  - Terminology is precisely defined and used consistently across all codes

CABG Procedure Documentation Needs

Approach used

- Open
- Percutaneous
- Percutaneous endoscopic

Number of vessels bypassed

Destination of bypassed vessels

- Aorta
- Internal mammary (right/left)
- Thoracic
- Abdominal

Device/graft material used in bypass

- Venous nonautologous
- Arterial nonautologous
- Synthetic
- Nonautologous tissue substitute

EXCISION OF VESSELS Procedure Documentation Needs

Purpose of procedure

- Excision (partial resection)
- Resection (total resection)
- Biopsy? – diagnostic reasons OR
- Therapeutic reason

Approach

- Open
- Percutaneous
- Percutaneous endoscopic

Specific vessel excised; Examples:

- Greater saphenous vein (right/left)
- Lesser saphenous vein (right/left)
- Laterality (Right/Left/Bilateral)

VALVE REPLACEMENT/ REINFORCEMENT DOCUMENTATION REQUIREMENTS

- **Type of procedure performed**
  - Replacement of valve OR
  - Reinforcement of valve
- **Material of valve replacement**
  - Autologous Tissue Substitute
  - Zooplastic Tissue
  - Synthetic Substitute
  - Nonautologous Tissue Substitute
- **Approach**
  - Open
  - Percutaneous
  - Percutaneous endoscopic

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LUNG LOBECTOMY

Intent of procedure performed

- Partial excision (excision of lesion) OR
- Resection (complete removal) of lung lobe
- Biopsy? (diagnostic purpose) OR
- Therapeutic excision/resection

Approach used

- Open
- Percutaneous
- Percutaneous endoscopic
- Via Natural or Artificial Opening
- Via Natural or Artificial Opening Endoscopic

Laterality (Right/Left/Bilateral)

AAA REPAIR OR EXCISION

- Reason for procedure
  - Bypass
  - Excision
  - Clipping
- Approach
  - Open
  - Percutaneous endoscopic
- Specific bypass vessel destination with laterality
  - Right/Left/Bilateral
- Graft material
  - Autologous venous tissue
  - Autologous arterial tissue
  - Synthetic tissue substitute
  - Nonautologous tissue substitute
  - Intraluminal/Extraluminal device (clipping)
  - No device

ICD-10-PCS Chest Tube with Drainage

Patient presents for chest tube placement

ICD-10-PCS

0W9930Z

- Drainage of Right Pleural Cavity with Drainage Device, Percutaneous Approach

ICD-10-PCS Table

Section	**0**	Medical and Surgical
Body System	**W**	Anatomical Regions, General
Operation	**9**	Drainage: Taking or letting out fluids and/or gases from a body part

Body Part	*Approach*	*Device*	*Qualifier*
0 Head **1** Cranial Cavity **2** Face **3** Oral Cavity and Throat **4** Upper Jaw **5** Lower Jaw **6** Neck **8** Chest Wall **9** Pleural Cavity, Right **B** Pleural Cavity, Left **C** Mediastinum **D** Pericardial Cavity **F** Abdominal Wall **G** Peritoneal Cavity **H** Retroperitoneum **J** Pelvic Cavity **K** Upper Back **L** Lower Back **M** Perineum, Male **N** Perineum, Female	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Drainage Device	**Z** No Qualifier

Catheter Insertion into Vein

- Procedures require documentation of:
  - Specific vein where insertion performed
    - Right or left internal jugular vein
    - Right or left external jugular vein
  - Approach
    - Open
    - Percutaneous
    - Percutaneous endoscopic
  - Type of device
    - Infusion
    - intraluminal
  - Code examples
    - ICD-9 – 38.93 – venous catheterization.
    - ICD-10-PCS – 05HM33Z – Insertion, internal jugular vein right, percutaneous, infusion device.

Catheter Insertion

Section	**0**	Medical and Surgical
Body System	**2**	Heart and Great Vessels
Operation	**H**	Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part

Body Part	*Approach*	*Device*	*Qualifier*
4 Coronary Vein **6** Atrium, Right **7** Atrium, Left **K** Ventricle, Right **L** Ventricle, Left	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Monitoring Device, Pressure Sensor **2** Monitoring Device **3** Infusion Device **D** Intraluminal Device **J** Cardiac Lead, Pacemaker **K** Cardiac Lead, Defibrillator **M** Cardiac Lead	**Z** No Qualifier
P Pulmonary Trunk **Q** Pulmonary Artery, Right **R** Pulmonary Artery, Left **S** Pulmonary Vein, Right **T** Pulmonary Vein, Left **V** Superior Vena Cava **W** Thoracic Aorta	**0** Open **3** Percutaneous **4** Percutaneous Endoscopic	**0** Monitoring Device, Pressure Sensor **2** Monitoring Device **3** Infusion Device **D** Intraluminal Device	**Z** No Qualifier

Infusion of Chemotherapy

- Procedures require documentation of:
  - Body part where infusion took place
    - Peripheral vein/artery
    - Central vein/artery
  - Approach
    - Open
    - Percutaneous
  - Substance
    - Antineoplastic
    - High dose/Low dose Interleukin-2
  - Code examples
    - ICD-9 – 00.15 – Injection or infusion of high dose Interleukin-2.
    - ICD-10-PCS – 3E03302 – Introduction, peripheral vein, percutaneous, high dose interleukin-2.

Infusion of Chemotherapy

Section	**3** Administration
Body System	**E** Physiological Systems and Anatomical Regions
Operation	**0** Introduction: Putting in or on a therapeutic, diagnostic, nutritional, physiological, or prophylactic substance except blood or blood products

Body System / Region	Approach	Substance	Qualifier
3 Peripheral Vein	**0** Open	**V** Hormone	**G** Insulin **H** Human B-type Natriuretic Peptide **J** Other Hormone
3 Peripheral Vein	**0** Open	**W** Immunotherapeutic	**K** Immunostimulator **L** Immunosuppressive
3 Peripheral Vein	**3** Percutaneous	**0** Antineoplastic	**2** High-dose Interleukin-2 **3** Low-dose Interleukin-2 **5** Other Antineoplastic **M** Monoclonal Antibody **P** Clofarabine
3 Peripheral Vein	**3** Percutaneous	**1** Thrombolytic	**6** Recombinant Human-activated Protein C **7** Other Thrombolytic
3 Peripheral Vein	**3** Percutaneous	**2** Anti-infective	**8** Oxazolidinones **9** Other Anti-infective
4 Central Vein	**0** Open	**0** Antineoplastic	**2** High-dose Interleukin-2 **3** Low-dose Interleukin-2 **5** Other Antineoplastic **M** Monoclonal Antibody **P** Clofarabine

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Physician Queries

Query…why?

A query is a communication tool used to clarify documentation in the health record for accurate code assignment.

The desired outcome from a query is an update of a health record to better reflect a practitioner's intent and clinical thought processes, documented in a manner that supports accurate code assignment.

Article citation: AHIMA. "Guidelines for Achieving a Compliant Query Practice." Journal of AHIMA 84

Query…when?

A query is written when the Health record Documentation:

- Is conflicting, imprecise, incomplete, illegible, ambiguous, or inconsistent
- Describes or is associated with clinical indicators without a definitive relationship to an underlying diagnosis
- Includes clinical indicators, diagnostic evaluation, and/or treatment not related to a specific condition or procedure
- Provides a diagnosis without underlying clinical validation
- Is unclear for present on admission indicator assignment

"A proper query process ensures that appropriate documentation appears in the health record"

Article citation: AHIMA. "Guidelines for Achieving a Compliant Query Practice." Journal of AHIMA 84

Query…when?

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Query… answer?

- Coding data is incorporated into the information used by insurance companies to determine which physicians they are going to contract.

- ***Coded information is made available to consumers on various platforms, such as HealthGrades, which uses coding data as well as other information to 'rate' facility and provider service***

Query… answer how?

Queries are generated to elicit more information from the Provider.

- A response is ***necessary*** from the provider to fulfill this process.

- A. ***signature alone on a generated query does not fulfill this requirement***

Query… answer how?

Queries are generated in various formats depending on the information being requested:

- *Written response* format
  - Requesting provider to freehand a response
- *Multiple Choice* format
  - Requesting provider select one of the offered responses

Please sign, date and time Queries!

Query… answer how?

A Physician response, ***'see notes'*** does not fulfill the request generated by the query.

- The coder has already reviewed the notes and Medical Record Documentation
- ***Although the response may seem 'obvious' coders are only 'reporters'*** of the medical record and ***cannot code a diagnosis*** that is ***not documented by the Provider.***

Questions?