IRF Coding: Changing the Culture to Strengthen the Team

Stephanie Johnson, CCS
Sr. HIM Coding Specialist
Uniform Data System for Medical Rehabilitation
Objectives

- Common coding challenges for the HIM coder
  - Rehab coding knowledge and competency
  - IRF-PAI vs. UB-04 coding
  - PPS guidelines vs. traditional coding guidelines
- Professional coder’s role within the rehab team
  - Rehab physician
  - PPS coordinator
- Review of the following:
  - Concurrent coding process
  - Query process (on-site and remote coders)
Objectives

• Understanding the logistics
  • The Alphabetical Index
  • The Tabular List
• Review of ICD-10-CM coding concepts and conventions
• Pulling it all together
  • Physician documentation examples
    • Laterality
    • Specificity
    • Tiers
  • 60% compliance
Coding Challenges

This isn’t making any sense! I’m calling UDSMR!
Rehab Coding Knowledge

- Across the industry, the most common challenge for a new IRF coder or DRG coder (hospital- or agency-employed) is a lack of training for, and a clear understanding of, the following:
  - PPS
  - The “CMS 13”
  - IRF-PAI and UB-04 coding
Rehab Coding Knowledge

- Most facilities do not offer coders a rehab-specific orientation that reviews the following:
  - Current IRF-PAI training manual
  - Current list of tiered comorbid conditions
  - List of diagnosis codes that comply with the 60% rule
  - Final CMS regulations for the current year
Coder Competency

• IRF and DRG coders should:
  • Undergo PPS training
  • Complete an IRF coding competency exam
  • Coding should be reviewed for accuracy by an experienced IRF coding professional for at least six months
IRF-PAI Coding Guidelines

• IRF-PAI coding does not always follow traditional coding guidelines, except for the following terms:
  • “Use additional code”
  • “Includes”
  • “Excludes”
  • “Late effect”
Late Effects of Stroke: IRF-PAI vs. UB-04

- Stroke is the most common late effect/sequela code seen in IRFs
- This table provides a good example of the coding differences on both forms:

<table>
<thead>
<tr>
<th>PPS Coordinator’s IRF-PAI</th>
<th>Coder’s UB-04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute CVA w/deficits</td>
<td>Code V57.89 first and late effect CVA with deficits ↓</td>
</tr>
<tr>
<td>IGC: 01.1, Left body involvement</td>
<td></td>
</tr>
<tr>
<td>434.91, Cerebral infarction, unspecified</td>
<td>438.21, Late effects of cerebrovascular disease, hemiplegia affecting dominant side</td>
</tr>
<tr>
<td>342.11, Spastic hemiplegia and hemiparesis affecting dominant side</td>
<td>438.82, Other late effects of cerebrovascular disease, dysphagia (use additional code to identify the type of dysphagia)</td>
</tr>
<tr>
<td>787.21, Dysphagia, oral phase</td>
<td>787.21, Dysphagia, oral phase</td>
</tr>
</tbody>
</table>
IRF-PAI Coding Guidelines

- Record a **late effect stroke code** for the etiology when the patient has **completed a previous inpatient rehabilitation program** in an IRF for the same impairment.
V-Codes on the IRF-PAI

• Use a V-code for aftercare to help tell the story and help support medical necessity

• Example: A patient is admitted for multiple fractures (left hip, four ribs, and pelvis)
  • Etiology: 820.21, Closed fracture of intertrochanteric section of neck of femur
  • Assign code V54.19, Aftercare for healing traumatic fracture of other bone, for pelvic and rib fractures
Late Effects of Stroke: IRF-PAI vs. UB-04

- X-rays revealed a displaced subtrochanteric fracture of the right femur and displaced segmental fracture of the right shaft of the humerus

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<th>Coder’s UB-04</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IGC:</strong> 08.4, Major Multiple Fractures</td>
<td><strong>Principal diagnosis:</strong> V57.89, Other multiple training or therapy</td>
</tr>
<tr>
<td><strong>Etiology:</strong> 820.22, Closed displaced subtrochanteric fracture of the right femur (compliant)</td>
<td><strong>Secondary diagnosis:</strong> V54.13, Aftercare for healing fracture of hip</td>
</tr>
<tr>
<td>V54.12, Aftercare for healing fracture of lower arm</td>
<td>V54.12, Aftercare for healing fracture of lower arm</td>
</tr>
</tbody>
</table>
Helpful Hints: Fracture Codes

- Some fracture codes can be bundled to make a code compliant
- Refer to your ICD-9 code book
  - Look up the type of fracture in the Alphabetical Index
  - For multiple fractures, review the code range for one of the following:
    - Arm(s)
    - Leg(s)
Helpful Hints: Complications and CCs

- Complications and comorbid conditions identified on the day of discharge or the day prior to discharge should not be recorded on the IRF-PAI but can be recorded on the UB-04.

- When recording codes on the IRF-PAI, do not record any diagnosis documented as the following:
  - “Probable”
  - “Suspected”
  - “Likely”
  - “Questionable”
  - “Possible”
Communication within The Rehab Team

What Is the Coder’s Role?
The Rehab Team

- If a lack of communication within the team has become a problem, there should be a clear and feasible process among team members
The Rehab Team

• Too often, coding relies on a PPS coordinator who is not an experienced coder and who therefore should not be responsible for assigning ICD codes

• Facilities that struggle with CMS 13 percentages and case-mix index are mainly those with a PPS coordinator who is forced to assign diagnosis codes
The Rehab Team

- The medical records coder should communicate the ICD diagnosis codes to the PPS coordinator.
- Without a strong partnership and strong communication, CMS most likely would receive incorrect data, inconsistent data, or both.
The Effect of Lack of Communication

- A lack of partnering between the HIM coder and the PPS coordinator can cause problems.
- These two individuals should verify the ICD codes on the UB-04 and the IRF-PAI as partners to reduce the following:
  - Delays in billing
  - Coding errors
  - Denials
- Increase the following:
  - CMI
  - 60% rule compliance percentage
Concurrent Coding and Querying

On-site or Remote: Do You Have a Process?
Concurrent Coding and Query Process

• A solid process will help you:
  • Clarify issues in a timely manner
  • Ensure greater accuracy in assigning ICD codes
  • Provide nearly complete coding at discharge
  • Expedite your facility’s reimbursement
Concurrent Coding and Query Process

- **When should concurrent coding occur?**
  - At least *two days a week* on cases that need more clarification

- **Why should you query the physician?**
  - To assign ICD codes to the highest degree of specificity
  - To capture compliant comorbid conditions
  - To capture tiered comorbidities
Concurrent Coding and Query Process

- A designated rehab coder should be involved with the team on a regular basis
  - Should attend the team conference (a remote coder may call in)
- Remote coders should establish a process through the facility’s HIM manager/director
- Regular and open communication is paramount!
Tell the Truth and Nothing but the Truth!

- ICD codes should accurately represent each case based on each individual patient’s current medical and functional conditions
The Logistics of the Alphabetical Index to Disease and the Tabular List

The Dynamic Duo
ICD Code Book Alphabetical Index

- The index lists main terms in **alphabetical order**
  - Sub-terms are indented under main terms
- The Alphabetical Index consists of the following parts:
  - The Index of Diseases and Injury
  - The Index of External Causes of Injury
  - The Table of Neoplasms
  - Table of Drugs and Chemicals
ICD-9 and ICD-10 Code Book Tabular List

• The colorful Tabular List contains:
  • A structured list of codes divided into multi-colored chapters based on body system or condition
  • Categories
    • Subcategories
    • Characters for categories, subcategories
ICD-9 and ICD-10 Code Book Tabular List

- For ICD-10, a character may be either a letter or a number
- All categories are three characters long
  - A three-character category that has no further subdivision is equivalent to a code
ICD-10-CM: Alphanumerical Coding

New Concepts, Conventions, and Guidelines
What’s So Special about ICD-10?

- ICD-10 reflects current clinical understanding and technological advancements of medicine
- Its code descriptions are designed to provide a more consistent level of detail
- It contains a more extensive vocabulary of clinical concepts:
  - Body part–specific site
  - Laterality
  - Identification of the episode of care
ICD-10 Code Book Notes

• **Includes:** Conditions included in this category

• **Excludes1:** Not coded here
  (conditions cannot be coded together)

• **Excludes2:** Not included here
  (may be coded together)
ICD-10 Code Book Symbols and Legends

- ✓: Additional character required
- ✓x7th: Extension alert (placeholder X and 7th character required to make the code valid)
- There are also color-coded codes with legends that specify the type of code:
  - Unspecified code (highlighted in yellow)
  - Other specified code (highlighted in grey)
  - Manifestation code (highlighted in light blue)
ICD-10-CM: Additional Character Symbols

- When looking up codes, pay attention to the digits in red:
  - ✓4th: This symbol indicates that the code requires a fourth character
  - ✓5th: This symbol indicates that the code requires a fifth character
  - ✓6th: This symbol indicates that the code requires a sixth character
ICD-10-CM: Additional Character Symbols

• When looking up codes, pay attention to the digits in red:
  • ✓7th: This symbol indicates that the code requires a seventh character
  • ✓x7th: This symbol indicates that the code requires a seventh character following placeholder X
  • Codes with fewer than six characters that require a seventh character must contain placeholder X to fill the spaces to allow for a seventh character
Initial Episode

- This describes the entire period in which a patient is receiving active treatment for an injury, a poisoning, or other consequences of an external cause.
- You can use A as the seventh character on more than just the first claim.
Subsequent Episode

• This describes any encounter after the active phase of treatment, when the patient is receiving routine care for the injury during a period of healing or recovery.

• If a physician referred the patient to a physical therapist for rehabilitation of a strained Achilles tendon, rehab therapy would be considered part of the healing-and-recovery phase, so you would code for subsequent encounter and assign D as the seventh character.
Sequela

- The seventh character extension S is assigned for complications or conditions that arise as a direct result of an injury
Placeholder X

- Not every ICD-10 code with a seventh character has a sixth character—or even a fifth or fourth character
- When reporting ICD-10 codes, coders must add a placeholder, if applicable, so that the seventh character is in the correct position
- Without this placeholder to ensure that characters appear in the correct positions, codes are invalid
X Marks the Spot

- Example:
  - x7th T81.4, Infection following a procedure
  - Category (7) T81.4XXA (A = episode of care)
    - This particular code is asking for a seventh character for the encounter
  - The blank spaces are filled with placeholder X to make the code seven characters long
Laterality and Specificity

- "Laterality," the side of the body affected, is a new coding convention added to relevant ICD-10 codes to increase "specificity"

- Designated codes for conditions will require documentation of the side, region, and specific body site where the condition occurs, such as:
  - Fractures
  - Burns
  - Ulcers
  - Certain neoplasms
Laterality: Code Example

- 7th S82.241D, Displaced spiral fracture of shaft of right tibia
- D = subsequent encounter for fracture with routine healing
Cerebral Infarction

- Codes I60–I62.9 specify the location or source of the hemorrhage, as well as the laterality.
- Category I63–I65 specifies the cause of the ischemic stroke (e.g., thrombosis, embolus, or unspecified) and the specific location and laterality of the occlusion (i.e., specific artery).
- Sequela (late effect stroke) I69.
Cerebral Infarction Example

- Cerebral infarction due to thrombosis of the left middle cerebral artery:
  - I63.312, Cerebral infarction due to thrombosis of the left middle cerebral artery
Sequela of Cerebral Infarction Example

- **ICD-10**: I69.351, Hemiplegia and hemiparesis following cerebral infarction, affecting right dominant side
- **ICD-9**: 438.21 Late effects of cerebrovascular disease, hemiplegia affecting dominant side
Physician Documentation Examples:
Tiers and 60% Rule Compliance
Femur Fracture

• The two most common hip fracture codes will become noncompliant as of 10/1/2015:
  • ICD-9:
    • 820.8, Closed fracture of unspecified part of neck of femur
  • ICD-10-CM:
    • S72.009A, Fracture of unspecified part of neck of unspecified femur, initial encounter for closed fracture
Femur Fracture

- The two most common hip fracture codes will become noncompliant as of 10/1/2015:
  - **ICD-9:**
    - 820.9. Open fracture of unspecified part of neck of femur
  - **ICD-10:**
    - S72.009B, Fracture of unspecified part of neck of unspecified femur, initial encounter for open fracture type I or II
Fractures

- Documentation requirements for fractures for both code sets (ICD-9 and ICD-10):
  - Specific site/bone
  - Laterality
  - Traumatic, pathologic, osteoporosis, neoplastic disease
  - Displaced vs. nondisplaced
  - Closed or open
  - Type of fracture (segmental, spiral, transverse, compression, etc.)
Fractures

- Documentation should also support the episode of care with terms:
  - Closed fracture with routine healing
  - Open fracture type IIIA, IIIB, or IIIC with routine healing
  - Closed fracture with delayed healing
  - Open fracture type I or II with delayed healing
  - Closed fracture with malunion
  - Closed fracture with nonunion
Traumatic Brain Dysfunction

- Unspecified state of consciousness and concussion appear to be the conditions that will make a case noncompliant as of 10/1/2015
  - Review “ICD-9 Codes That Meet Presumptive Compliance Criteria” for more specificity
Traumatic Brain Dysfunction

- Cause of injury
- Level of consciousness:
  - If loss of consciousness (length of time)
- Document any associated Injuries:
  - Skull fracture:
    - Location, laterality
  - Intracranial Injury
  - Portion of the brain involved, specific artery/vessel
  - Cerebral edema
Traumatic Brain Dysfunction Example

- Patient is a seventy-eight-year-old male admitted with a traumatic subdural hemorrhage with concussion
  - 852.29, Closed traumatic subdural hemorrhage following injury, closed, with concussion, unspecified
Traumatic Brain Dysfunction Example

- Patient is a seventy-eight-year-old male found unconscious by his spouse after a fall resulting in a closed traumatic subdural hemorrhage
- 852.26, Subdural hemorrhage following injury, closed, with loss of consciousness of unspecified duration
Tiered Comorbid Conditions

- No changes from tiered CC list for FY 2014
  - ICD-9-CM codes
  - ICD-10-CM codes
Tiered Comorbid Conditions

- There are four tiers:
  - Tier 1 (B): Highest-paying
  - Tier 2 (C): Middle-paying
  - Tier 3 (D): Lowest-paying
  - Tier A: No conditions affecting reimbursement and CMG average length of stay
Tiered Comorbid Conditions

- Lab, x-ray, and other diagnostic findings would result in correct coding and a possible tiered comorbid condition
  - 041.7, Pseudomonas (tier C)
  - 486, X-ray positive for pneumonia (tier D)
  - 428.33, Acute on chronic diastolic heart failure (tier D)
    - There are multiple congestive heart failure codes
  - 250.xx, Diabetes w/related manifestations (tier D)
    - There are multiple manifestation codes
  - 787.2x, Oral phase dysphagia (tier C)
Physician Documentation

• Assure your physicians that they are not expected to change their methods of documentation, only to add detail and specificity to help improve the following:
  • Coding and billing accuracy
  • Compliance percentages
  • Reimbursement
  • Medical necessity
  • Reduced denials
The Steps to Coding Accuracy

- Review general coding guidelines and conventions
- Read the instructional notes in the Tabular List
- Learn the symbols, and refer to the legends throughout the book
Dual Coding

- Practice dual coding to get your physician to add more detail to the most common IRF conditions:
  - Stroke
  - TBI
  - NTBI
  - Hip fractures
The Mission

• The industry is on a mission to improve its ability to provide data that illustrates the type of patient care that is being delivered, which is limited by the incomplete data mined from ICD-9

• Patients deserve accurate and complete documentation of their conditions
Educate

• Educate physicians on ICD-10 documentation requirements well in advance of the transition so they can have ample time to adjust
The Benefits

• Improvements:
  • Documentation
  • Communication
  • Efficiency
  • Accuracy
  • Compliance
  • Reimbursement
A Perfect ICD-10 Coding Recipe

1. Start with a full cup of specificity
2. Make sure it’s compliant, then fluff through the chart until you find specifically what you need
3. Knead for site when coding strokes
4. Then, add a dash of laterality—stir until you find it!
5. For added flavor, add a twist of placeholder X, if applicable!
6. Bake at 375 degrees
7. Lastly, top with a 7th character for flavor!
Questions?

Thank You!
Contact Information

- Stephanie Johnson, Senior HIM Coding Specialist:
  - 716-817-7819
  - sjohnson@udsmr.org

- UDSMR’s clinical support department:
  - 716-817-7844
  - clinicalsupport@udsmr.org