Diamond Standards of Documentation and Coding

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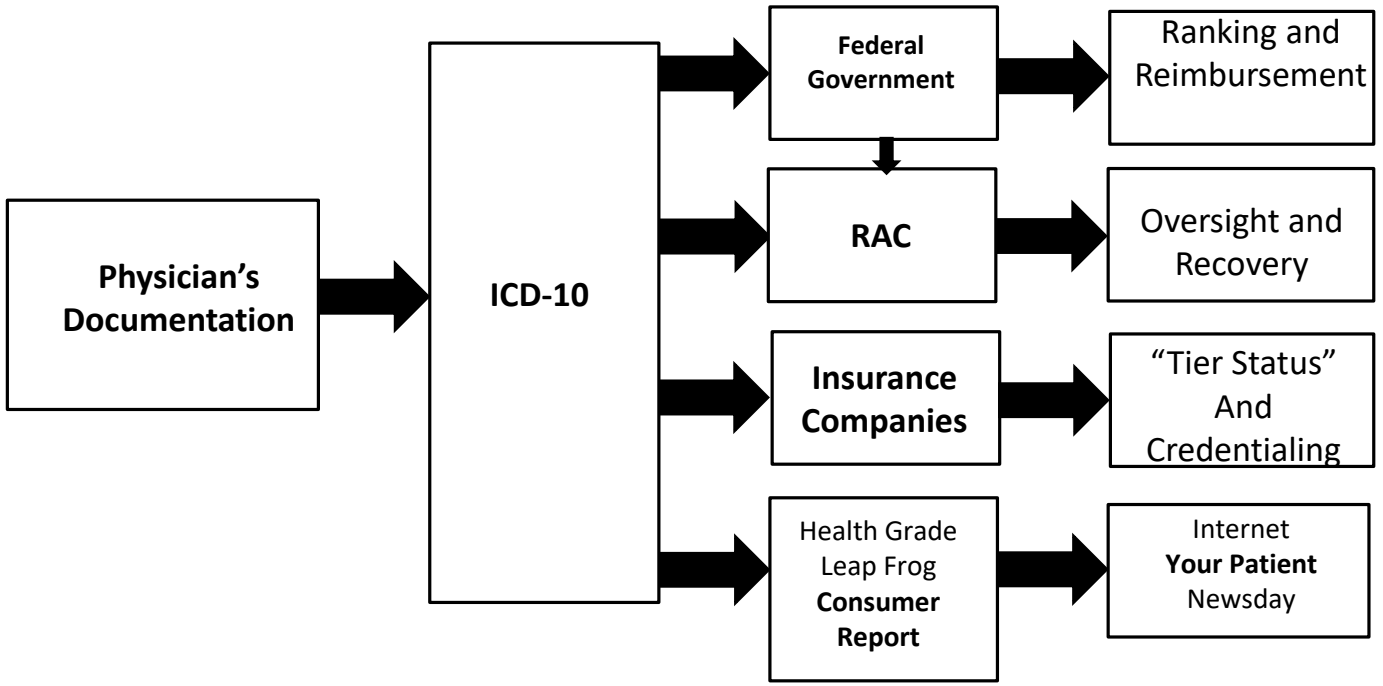
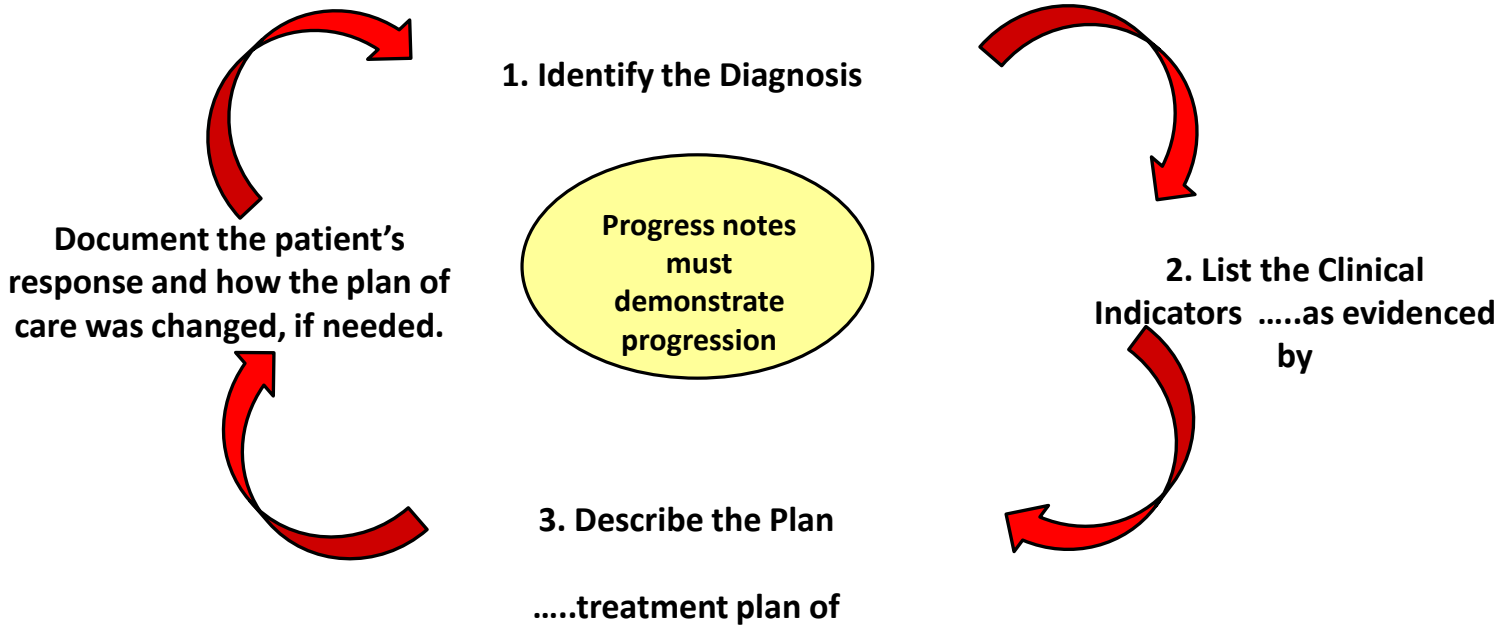
VICE PRESIDENT HIM/CDI/DRG APPEALS/EMPI

CATHOLIC HEALTH

Flow of Physician's Documentation



Example of Complete Documentation



Compliant Queries

AHIMA/ACDIS Query Guidelines state:

> To support why a query is initiated, all queries **must be** accompanied by the relevant **clinical indicator(s)** that show why a more complete or acute diagnosis or procedure is requested.

Clinical indicators should be derived from the specific medical record under review and the unique episode of care

Clinical indicators supporting the query may include elements from the entire medical record, such as diagnostic findings and provider impressions

Encephalopathy

General term used to describe a diffuse disorder of cerebral function in the absence of physical damage to the brain. Therefore , commonly negative CT scan findings

Identify cause/type

- **Infection (such as sepsis)**
- **Metabolic (document underlying cause)**
- **Exposure to toxins**
- **Lack of oxygen or blood flow to brain**
- **Alcoholic**
- **Hepatic**
- **Hypertensive**

Encephalopathy-cont’d

- **Symptoms**
- **Progressive memory loss**
- **Loss of cognitive ability**
- **Subtle personality changes**
- **Difficulties with concentration**
- **Lethargy**
- **Progressive loss of consciousness**
- **Impacts severity of illness and risk of mortality**
- **Clinical indicators such as symptoms (altered mental status) must be evident in chart to support diagnosis**
- **Correction of the underlying cause also corrects the mental status change which is a hallmark of encephalopathy**

Diverticulitis with intestinal abscess:

This combination code describes intestinal diverticulitis with **intestinal abscess only**.

An additional code is necessary to provide information regarding any additional specific site of an abscess not intestinal such as pelvic or abdominal.

Atrial Fibrillation Specificity

Longstanding persistent atrial fibrillation

AF that has lasted for more than 12 months

Other persistent atrial fibrillation

AF that fails to self terminate within seven days

Chronic atrial fibrillation

AF that converted to NSR but needs maintenance medication to prevent recurrence

Permanent atrial fibrillation

Individuals with persistent atrial fibrillation where the patient and clinician no longer pursue a rhythm control strategy

CHF

Document acuity and type

Systolic heart failure; acute and or chronic

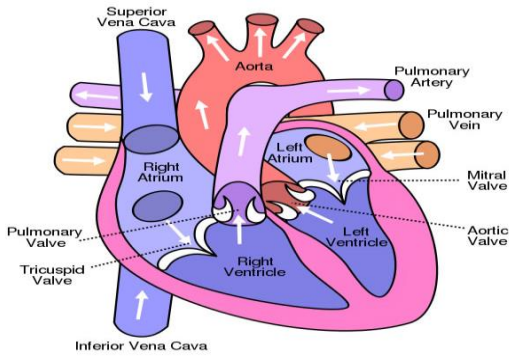
- **Contemporary term for systolic heart failure include heart failure with reduced ejection fraction (HFrEF), heart failure with low ejection fraction, and heart failure with reduced systolic function**

Diastolic heart failure; acute and or chronic

- **Contemporary term for diastolic heart failure is heart failure with preserved ejection fraction (HFpEF)**

Combined systolic and diastolic heart failure; acute and or chronic

Other



Oxygen Dependency

If patient is oxygen dependent, document the underlying cause, for example:

- **Acute respiratory failure**
- **Chronic respiratory failure**
- **Acute on chronic respiratory failure**
- **Other**

Functional Quadriplegia

Defined as:

Inability to use arms and legs due to extreme debility which is not related to neurological deficit or injury

According to **ACP Hospitalist by Richard Pinson, MD, May 2012,** "Functional quadriplegia is defined as the complete inability to move due to severe disability or frailty caused by another medical condition without physical injury or damage to the brain or spinal cord."

Look at PT and Nursing Notes, these patient's need maximum assistance with all ADL's

Vascular (Venous) Access Devices

What is a vascular (venous) access device (VAD) and why is it used?

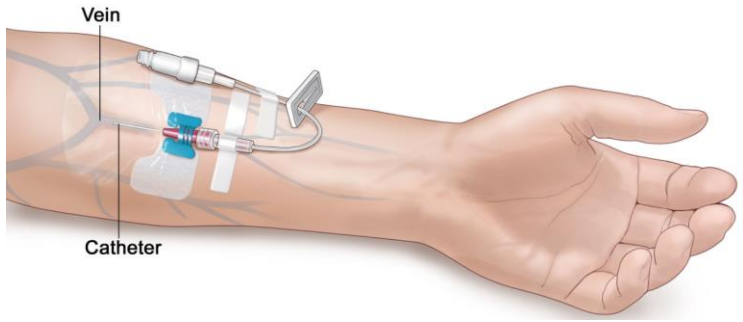
A VAD provides access to your veins for:

- Administration of medicine – (e.g. antibiotics, chemotherapy, vasopressors, fluids, blood products)
- Administration of nutritional substance (TPN, total parenteral nutrition)
- Hemodialysis
- Blood sampling for testing

Types of Vascular (Venous) Access Devices:

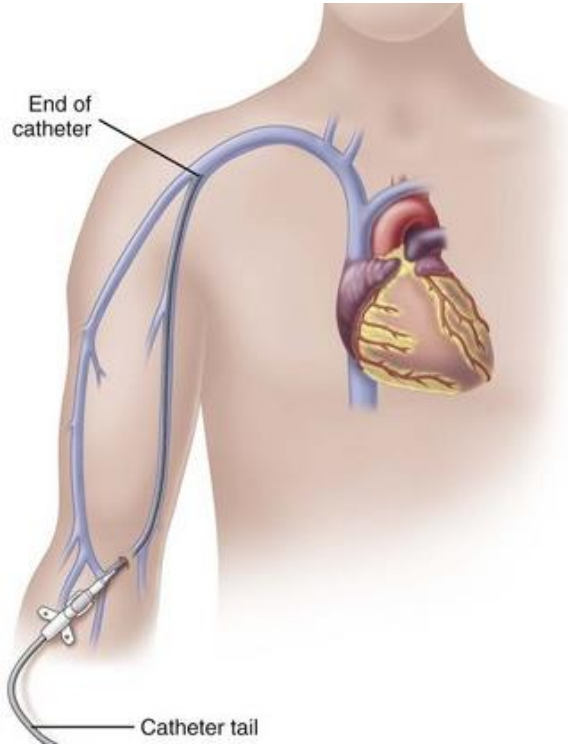
Peripheral Intravenous Line (PIV)

A small short plastic tube or catheter put into a vein usually in the lower arm, hand, or foot used to draw blood or give treatments. Catheter tip is local.



Midline Catheter

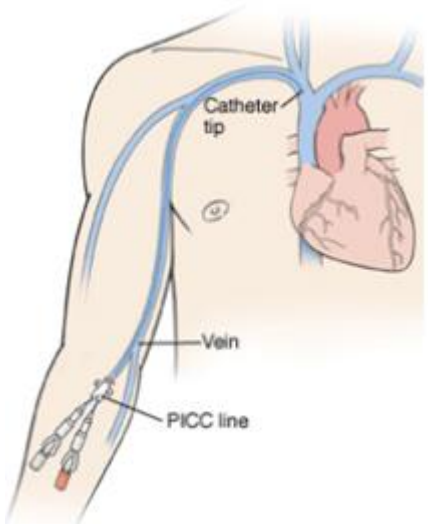
Peripherally inserted venous catheters with tip residing in a larger arm vein may be used for patients with limited venous access or who need longer IV therapy during a longer length of stay. Catheter tip remains in peripheral vein.



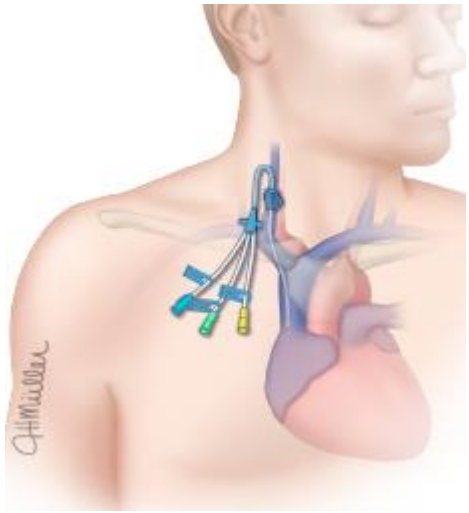
Types of Vascular (Venous) Access Devices continued:

Central Venous Catheters (CVC): catheter placed in large central vein. There are 4 types:

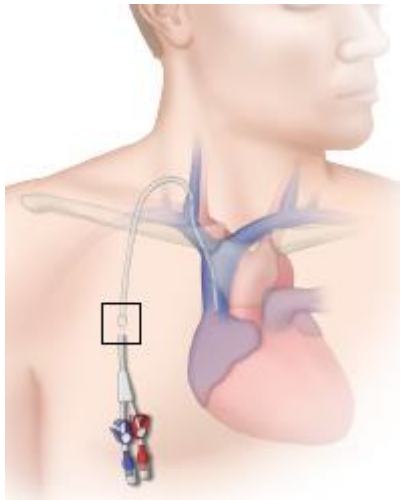
- PICC (peripherally inserted central catheter)
- Non-Tunneled CVC (direct, catheter remains close to entry site, e.g. RIJ vein, Femoral vein)
- Tunneled CVC (Tunneled Venous Catheter, with or without a cuff, e.g. Broviac, Hickman, Groshong)
- Tunneled CVC with Subcutaneous Port (Totally Implantable Venous Access Device, port-a-cath)



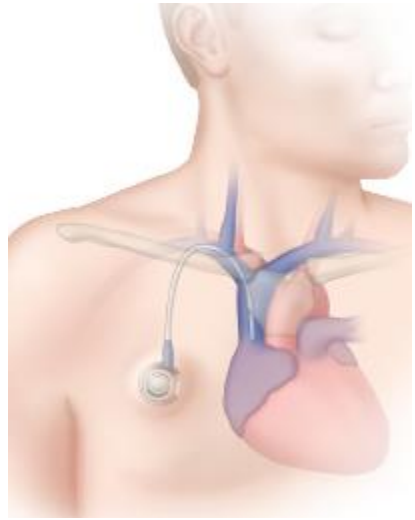
PICC



Non-Tunneled CVC



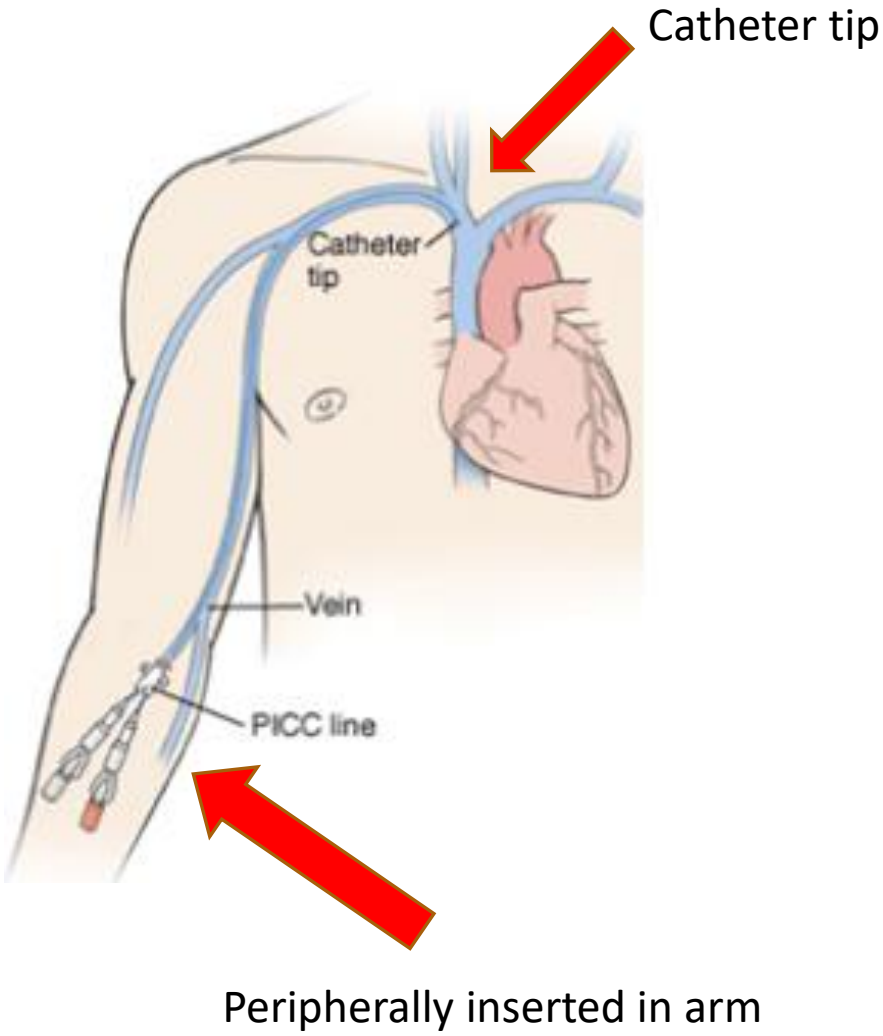
Tunneled CVC



Tunneled CVC with Port

PICC Line – peripherally inserted central (venous) catheter

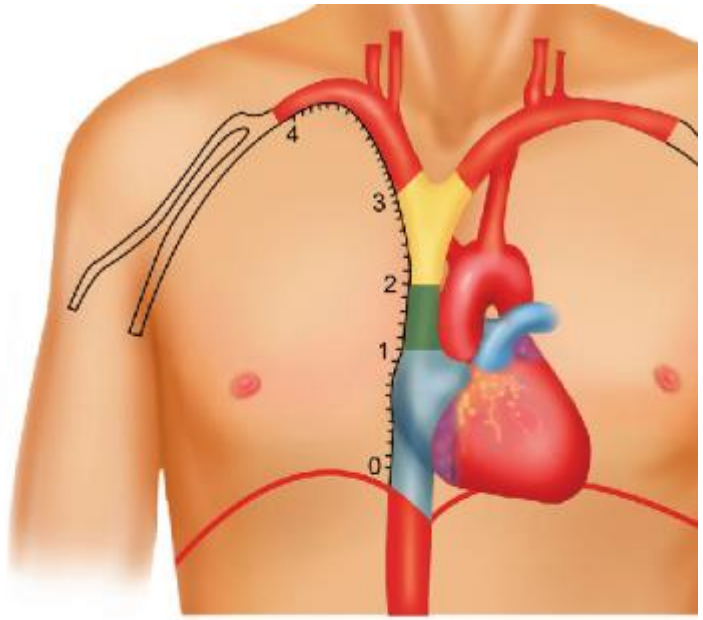
- Long catheter that extends from an arm or leg vein with the tip of the catheter residing in the largest vein (superior vena cava or inferior vena cava) near the heart (IVC/RA junction).
- Provides central IV access for several weeks, but may remain in place for several months.
- One or multiple lumens and may be used for long-term medicine infusion (e.g. antibiotics, chemotherapy, nutrition) or may be used because some medicines irritate smaller veins.

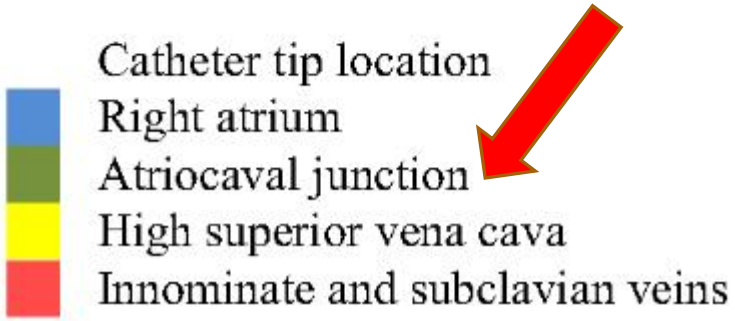


Catheter Tip Placement for Central Venous Catheters

One reason catheters are placed in the venous system is because veins carry blood toward the heart. In this way, medications will be quickly delivered to the heart to be pumped throughout the body.

In order to code the insertion of the catheter, **you must know where the tip of the catheter resides**. You will find this in the procedure note or you will have to go to the imaging report that is done following insertion specifically to confirm correct catheter placement. It is often the SVC-RA junction.

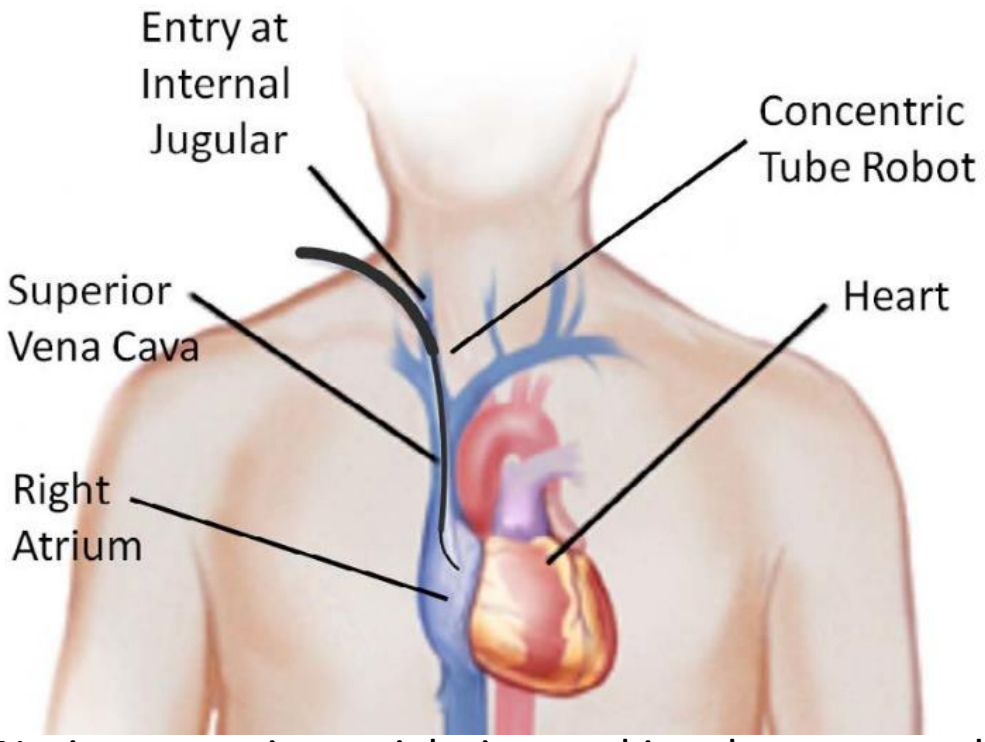




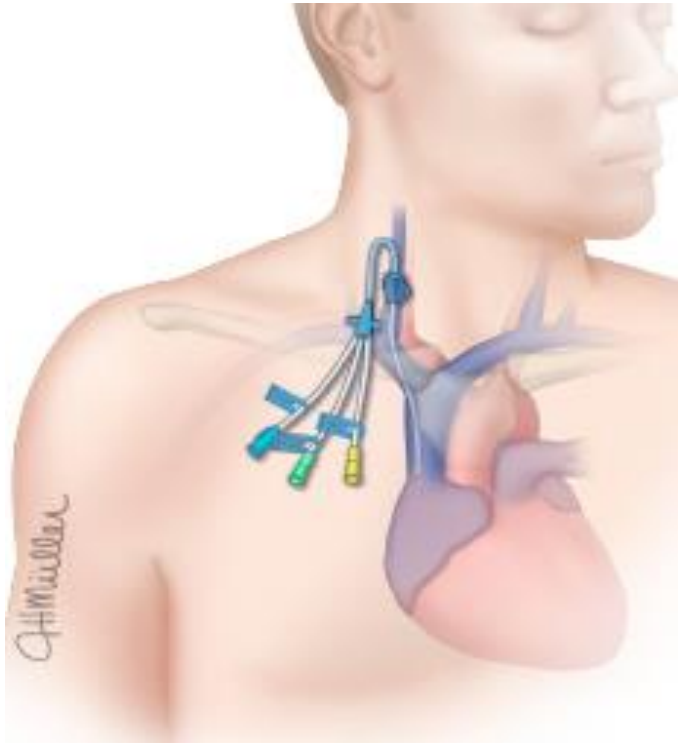
Non-Tunneled Central Venous Catheter

A non-tunneled central catheter may be larger caliber than a PICC, and is designed to be placed via a relatively large, more central vein such as the jugular vein in the neck or the femoral vein in the groin. The skin exit point of a non-tunneled central catheter is in close proximity to the entry point of the vein used. You will code the insertion of this CVC to the site where the catheter tip resides (e.g. superior vena cava, cavoatrial and mid-atrial junction).

ICD-10-PCS Procedures 02HV33Z Insertion of Infusion Device into Superior Vena Cava, Percutaneous Approach



Notice entry site at right internal jugular, no tunneling.



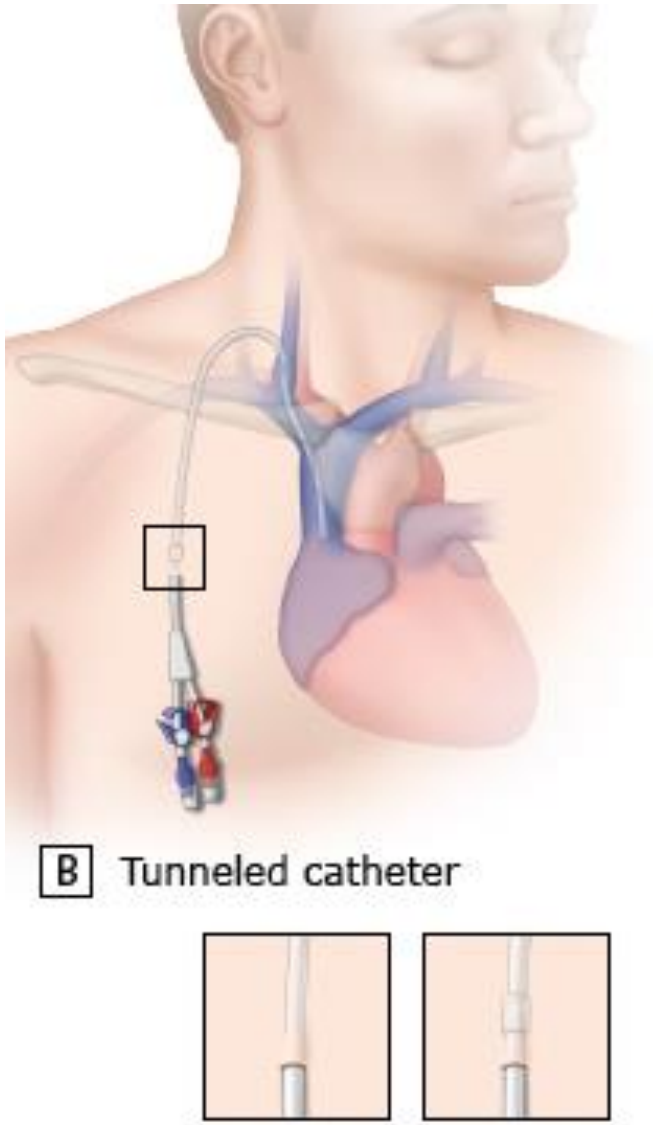
Triple lumen CVC with tip in SVC

Tunneled Central Venous Catheter

A tunneled VAD is placed through a small incision at the neck into the internal jugular vein, where the catheter tip is advanced into the superior vena cava or right atrium. The opposite end of the catheter is tunneled through subcutaneous tissue and exits the body through a small incision at the chest wall.
(2-part device)

It may have a cuff above the skin exit site that stimulates tissue growth that will help hold it in place and create a barrier to minimize bacterial migration and prevent infection.

The catheter can have one, two or three lumens (single, double, triple lumen). It can be called several different names including: Hickman, Broviac, Groshong, or TDC (tunneled dialysis catheter).

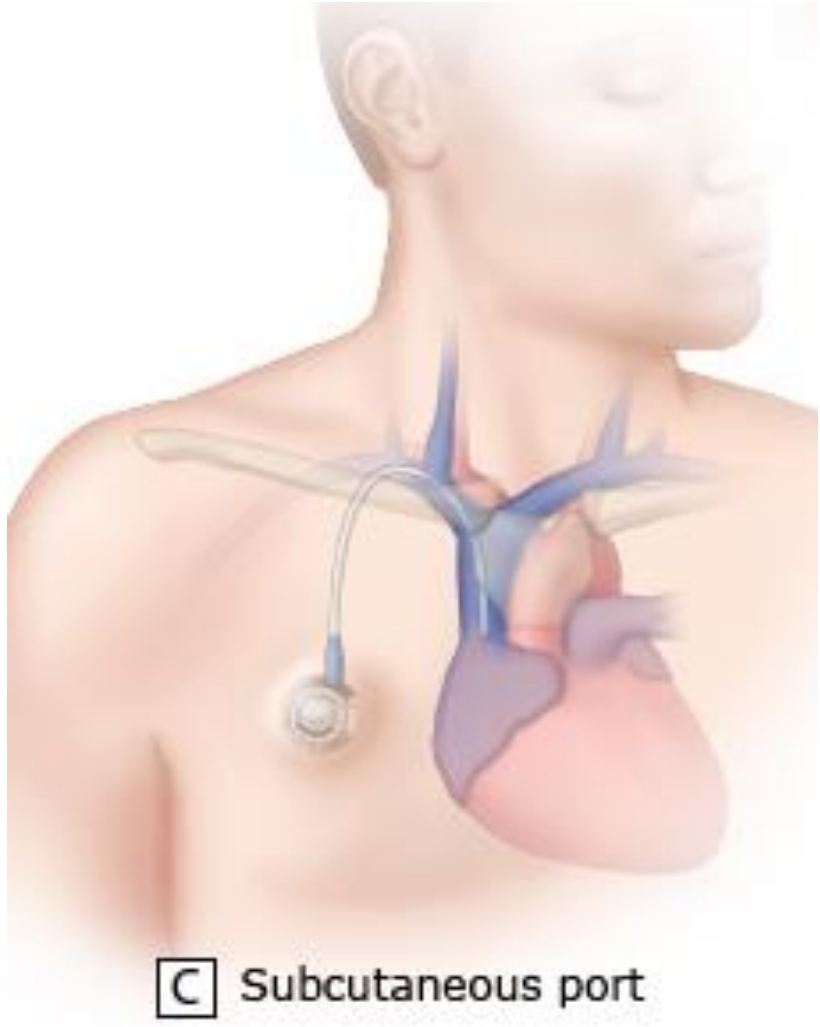


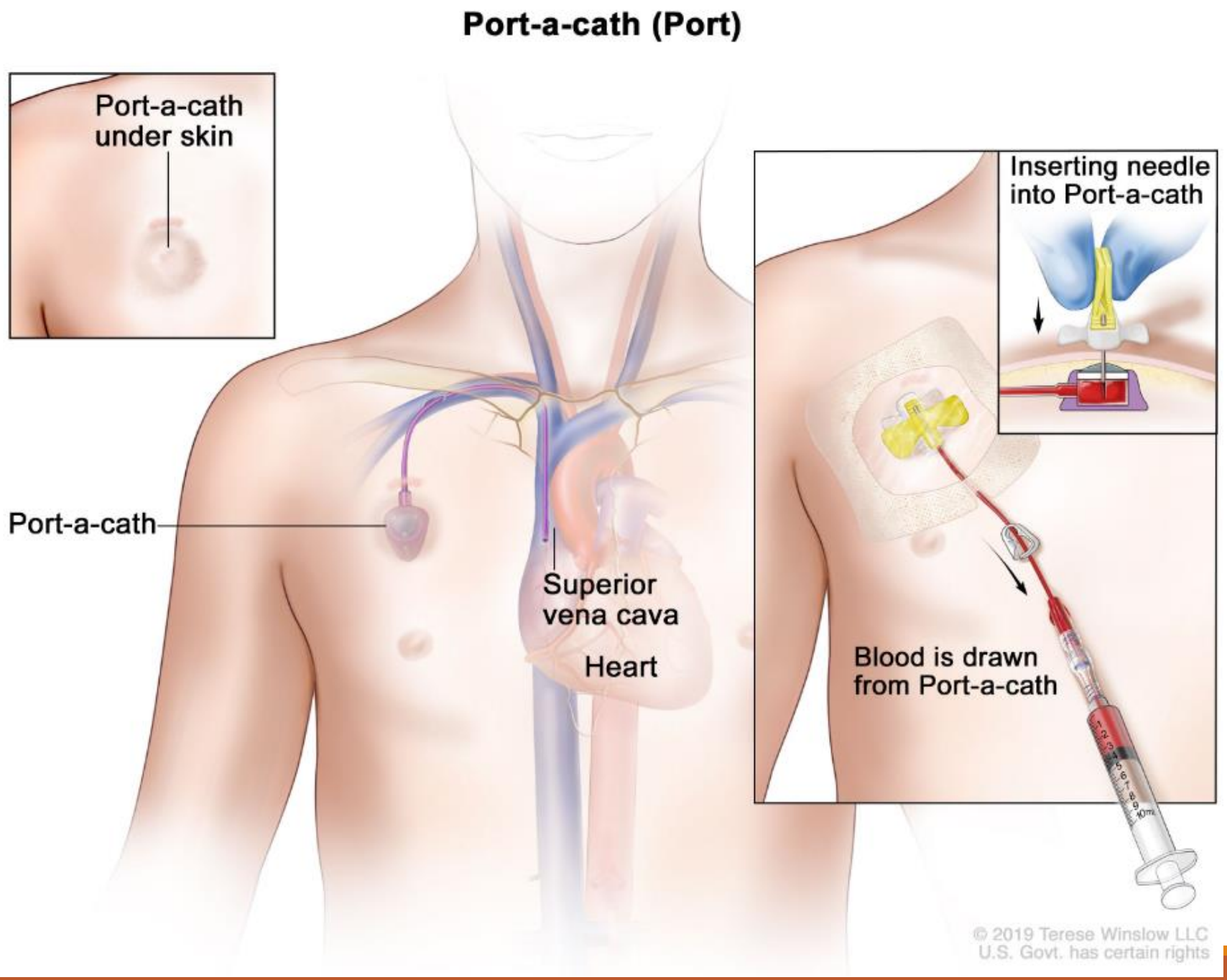
0JH63XZ	Insertion of Tunneled Vascular Access Device into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
02HV33Z	Insertion of Infusion Device into Superior Vena Cava, Percutaneous Approach

Totally Implantable (TI) Vascular Access Device (VAD) - TIVAD

A totally implantable vascular access device (VAD), often referred to as an implantable port or port-a-cath, consists of an injection port and a catheter system. (2-part device)
A totally implantable VAD is used for multiple purposes, such as infusion of total parenteral nutrition and bolus injections of medication. It is designed to provide repeated access to the vascular system without the trauma or complications of multiple venipunctures. The devices can be left in place for weeks or months, as opposed to days, and are generally placed in patients who require long-term intermittent access, such as for chemotherapy.

The "port" is inserted subcutaneously into the chest area without any portion of it exiting the skin. The catheter is inserted into one of the main veins of the upper chest (subclavian, internal jugular, or superior vena cava) and tunneled through the subcutaneous tissue. The tip of the catheter is advanced into a point in the superior vena cava just outside the right atrium; the other end of the catheter is then connected to the port, which can be accessed percutaneously using a needle.




Port-a-cath (Port)
Port-a-cath under skin
Port-a-cath
Superior vena cava
Heart
Inserting needle into Port-a-cath
Blood is drawn from Port-a-cath
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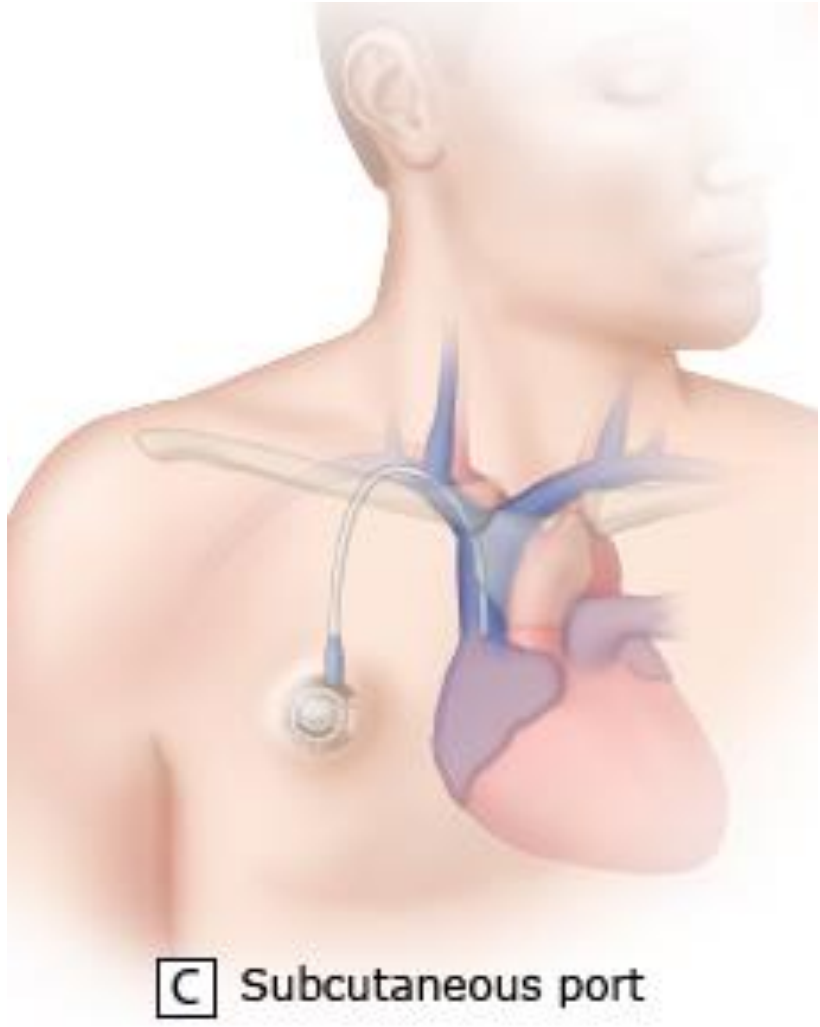

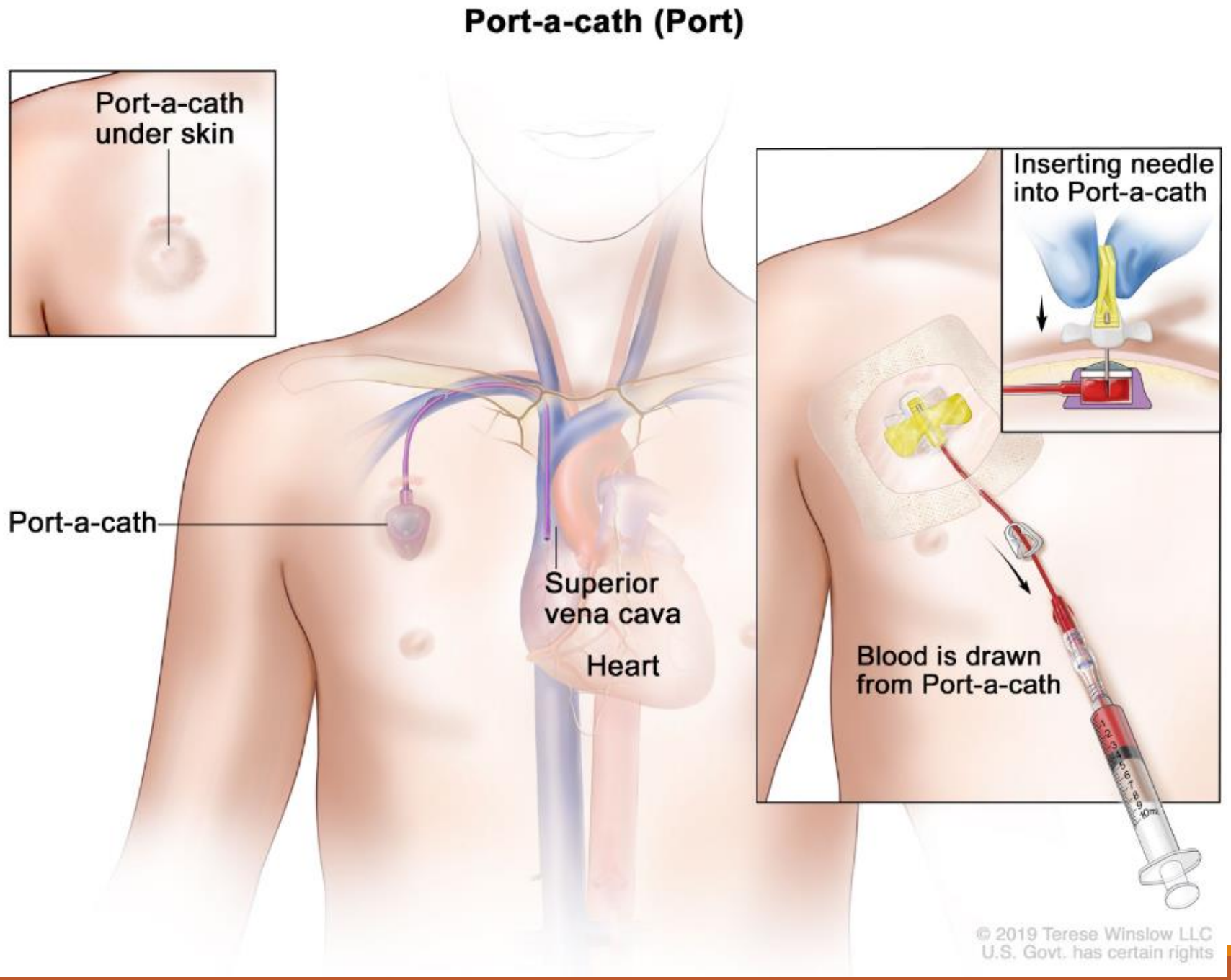
Port-a-cath (Port)
Port-a-cath under skin
Port-a-cath
Superior vena cava
Heart
Inserting needle into Port-a-cath
Blood is drawn from Port-a-cath
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PCS Coding - TIVAD (Port-a-Cath) Operative Report

A totally implantable VAD is a two-part device; two ICD-10-PCS codes are required to capture insertion of the device. Assign the following ICD-10-PCS codes for placement of the catheter and placement of the subcutaneous port:

0JH60WZ – **Insertion of totally implantable vascular access device into chest subcutaneous tissue and fascia, open approach (Port)**

02HV33Z – **Insertion of infusion device into superior vena cava, percutaneous (catheter to central vein)**

The approach for the port placement in the chest is OPEN **

The approach for the catheter insertion in the central vein (SVC) is PERCUTANEOUS

**** Incorrect reporting of the approach for the port can result in a DRG change!!**

Questions

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