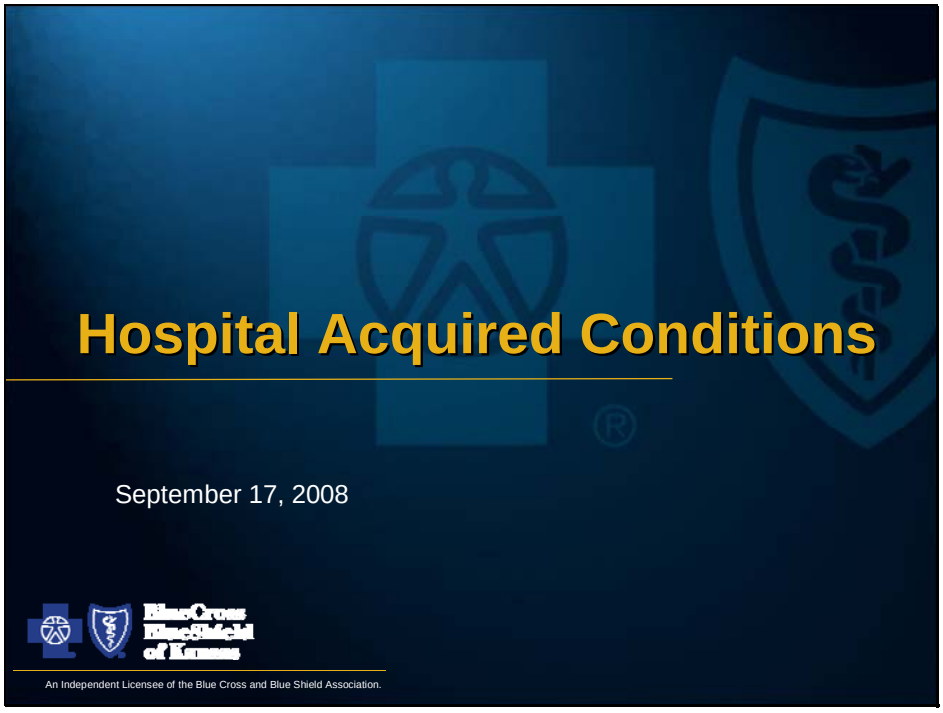
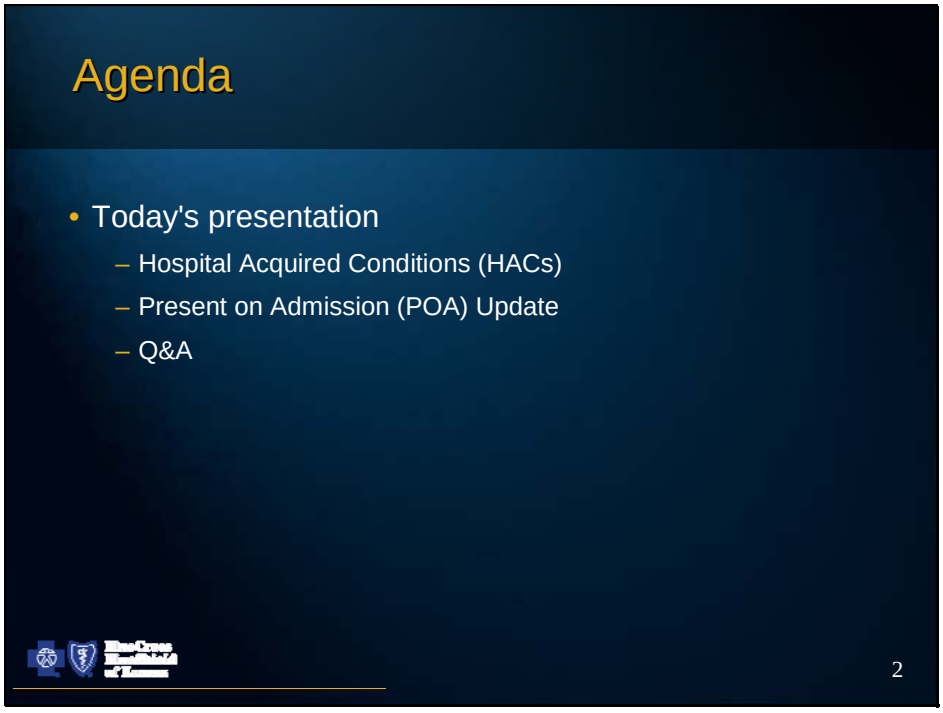
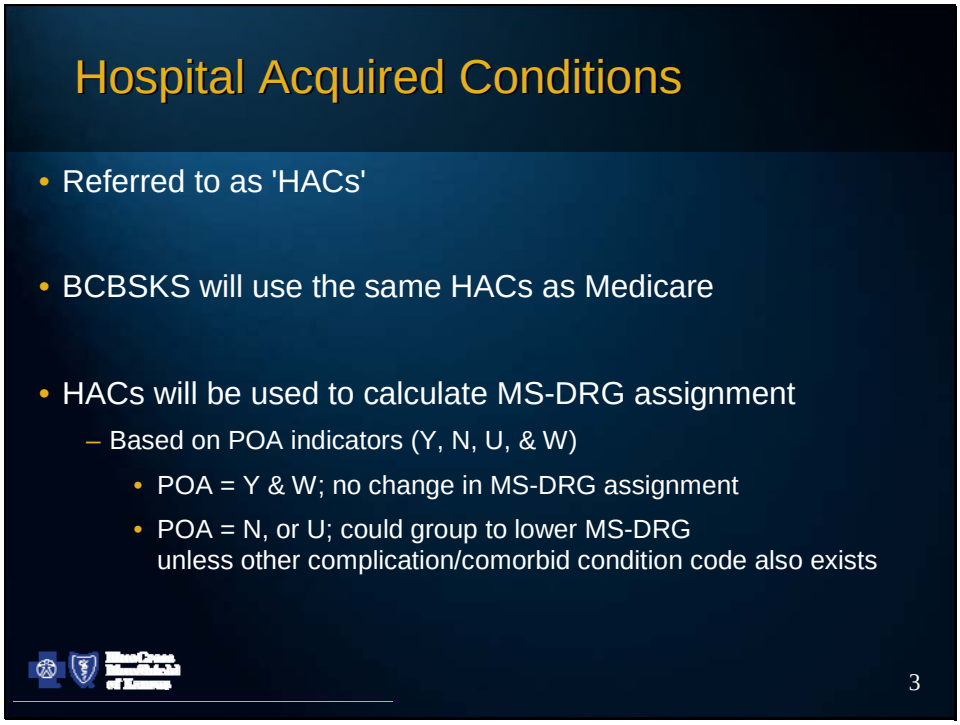
Slide 1


Hospital Acquired Conditions
September 17, 2008
An Independent Licensee of the Blue Cross and Blue Shield Association.

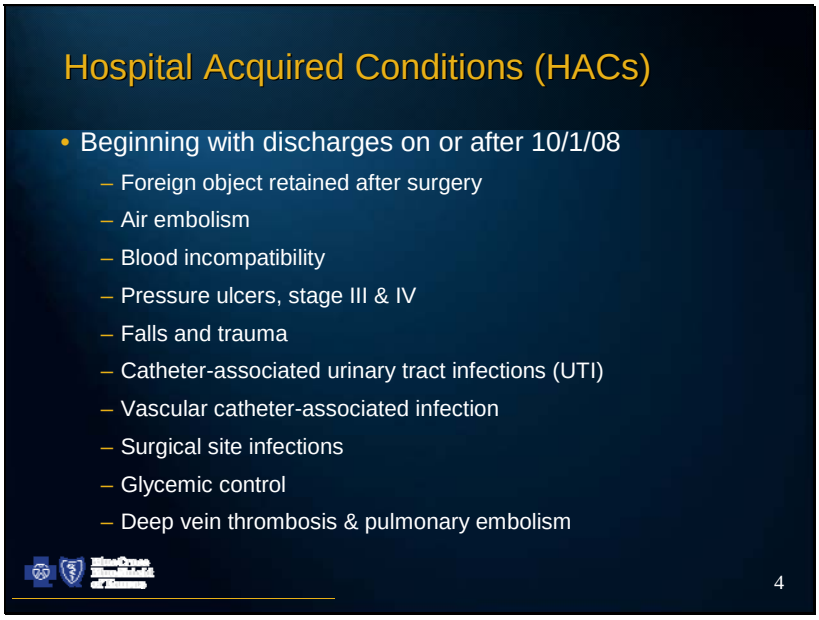
Slide 2


Agenda
• Today's presentation
– Hospital Acquired Conditions (HACs)
– Present on Admission (POA) Update
– Q&A
2

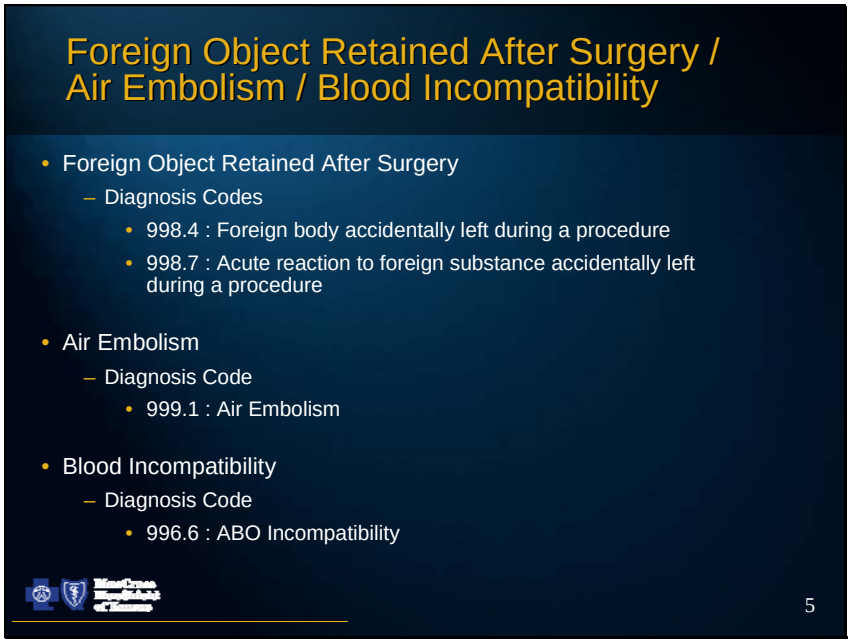
Slide 3


Hospital Acquired Conditions
• Referred to as 'HACs'
• BCBSKS will use the same HACs as Medicare
• HACs will be used to calculate MS-DRG assignment
– Based on POA indicators (Y, N, U, & W)
• POA = Y & W; no change in MS-DRG assignment
• POA = N, or U; could group to lower MS-DRG
unless other complication/comorbid condition code also exists
3

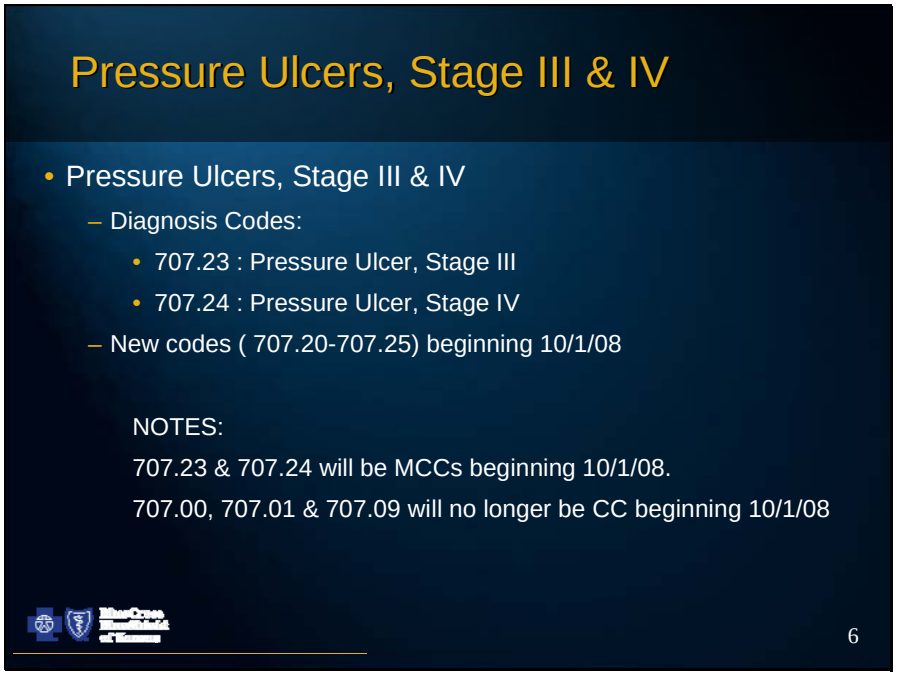
Slide 4


Hospital Acquired Conditions (HACs)
• Beginning with discharges on or after 10/1/08
– Foreign object retained after surgery
– Air embolism
– Blood incompatibility
– Pressure ulcers, stage III & IV
– Falls and trauma
– Catheter-associated urinary tract infections (UTI)
– Vascular catheter-associated infection
– Surgical site infections
– Glycemic control
– Deep vein thrombosis & pulmonary embolism
4

Slide 5


Foreign Object Retained After Surgery / Air Embolism / Blood Incompatibility
• Foreign Object Retained After Surgery
– Diagnosis Codes
• 998.4 : Foreign body accidentally left during a procedure
• 998.7 : Acute reaction to foreign substance accidentally left during a procedure
• Air Embolism
– Diagnosis Code
• 999.1 : Air Embolism
• Blood Incompatibility
– Diagnosis Code
• 996.6 : ABO Incompatibility
5

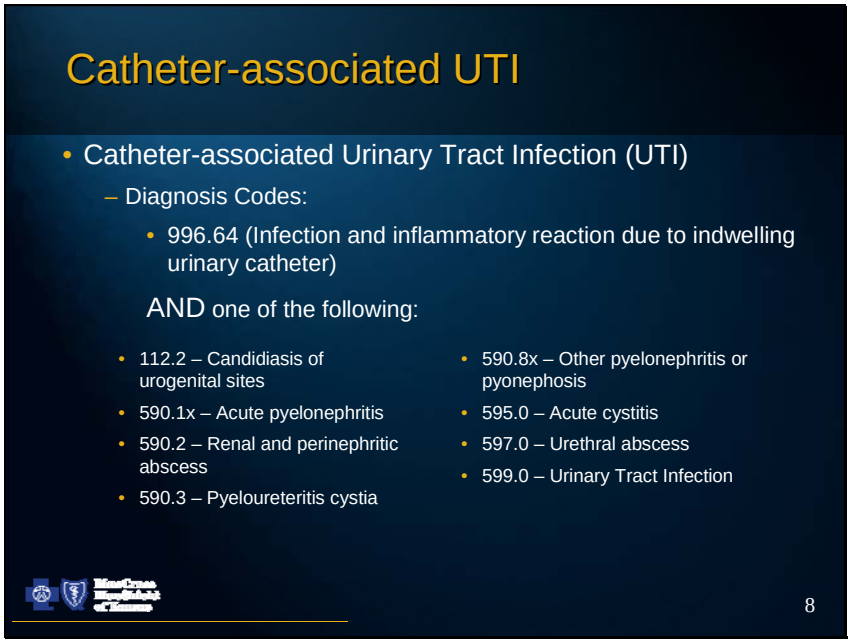
Slide 6


Pressure Ulcers, Stage III & IV
• Pressure Ulcers, Stage III & IV
– Diagnosis Codes:
• 707.23 : Pressure Ulcer, Stage III
• 707.24 : Pressure Ulcer, Stage IV
– New codes ( 707.20-707.25) beginning 10/1/08
NOTES:
707.23 & 707.24 will be MCCs beginning 10/1/08.
707.00, 707.01 & 707.09 will no longer be CC beginning 10/1/08
6

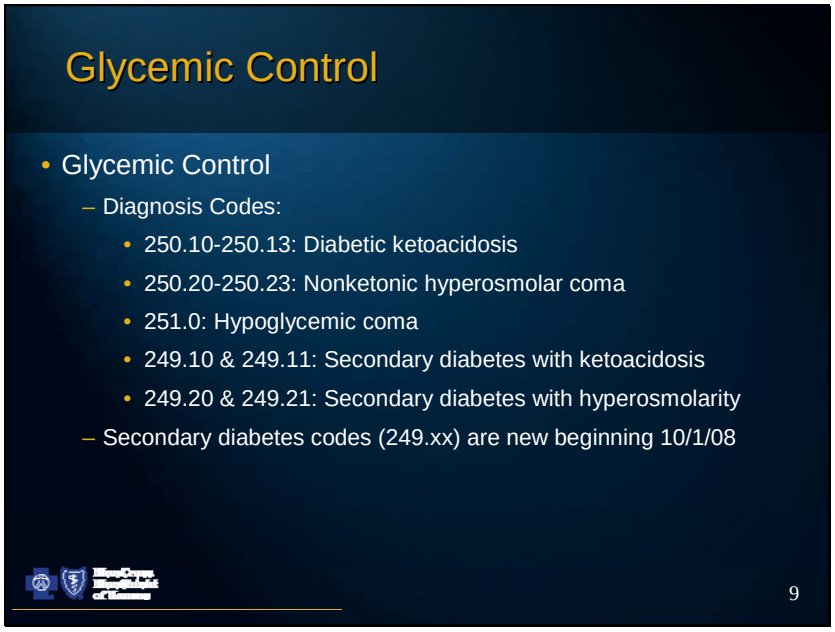
Slide 7

Falls & Trauma
• Falls & Trauma including fractures, intracranial injuries, crushing injuries and burns)
– Diagnosis Code Ranges:
• 800-829 : Fractures
• 830-839 : Dislocations
• 850-854 : Intracranial Injury, excluding those with skull fractures
• 925-929 : Crushing Injuries
• 940-949 : Burns
• 991-994 : Other and Unspecified Effects of External Causes
7

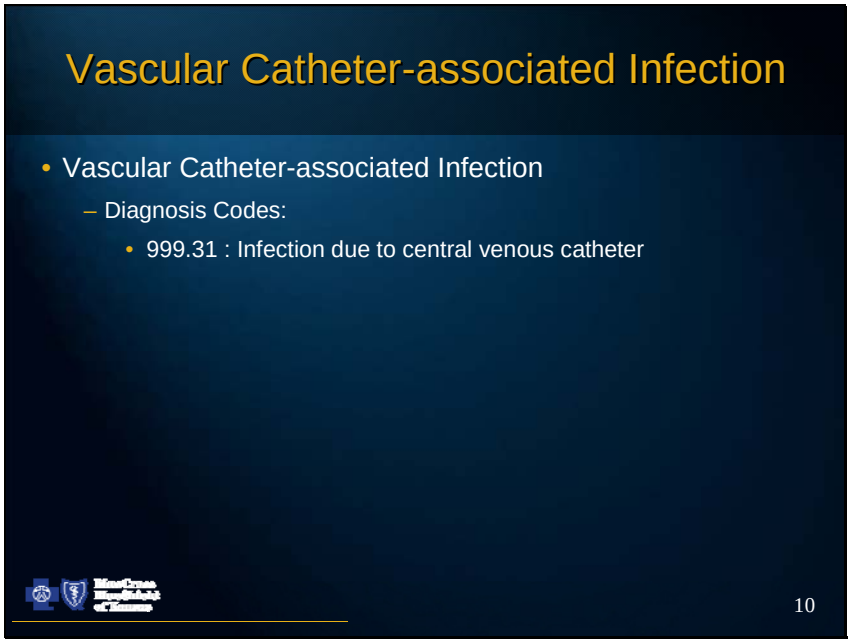
Slide 8


Catheter-associated UTI
• Catheter-associated Urinary Tract Infection (UTI)
– Diagnosis Codes:
• 996.64 (Infection and inflammatory reaction due to indwelling urinary catheter)
AND one of the following:
• 112.2 – Candidiasis of urogenital sites
• 590.1x – Acute pyelonephritis
• 590.2 – Renal and perinephritic abscess
• 590.3 – Pyeloureteritis cystia
• 590.8x – Other pyelonephritis or pyonephosis
• 595.0 – Acute cystitis
• 597.0 – Urethral abscess
• 599.0 – Urinary Tract Infection
8

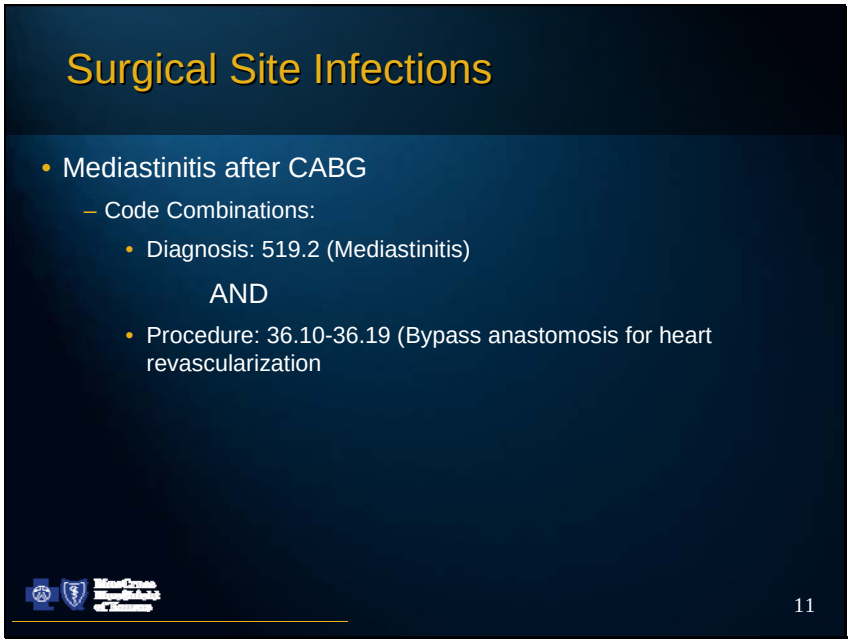
Slide 9


Glycemic Control
• Glycemic Control
– Diagnosis Codes:
• 250.10-250.13: Diabetic ketoacidosis
• 250.20-250.23: Nonketonic hyperosmolar coma
• 251.0: Hypoglycemic coma
• 249.10 & 249.11: Secondary diabetes with ketoacidosis
• 249.20 & 249.21: Secondary diabetes with hyperosmolarity
– Secondary diabetes codes (249.xx) are new beginning 10/1/08
9

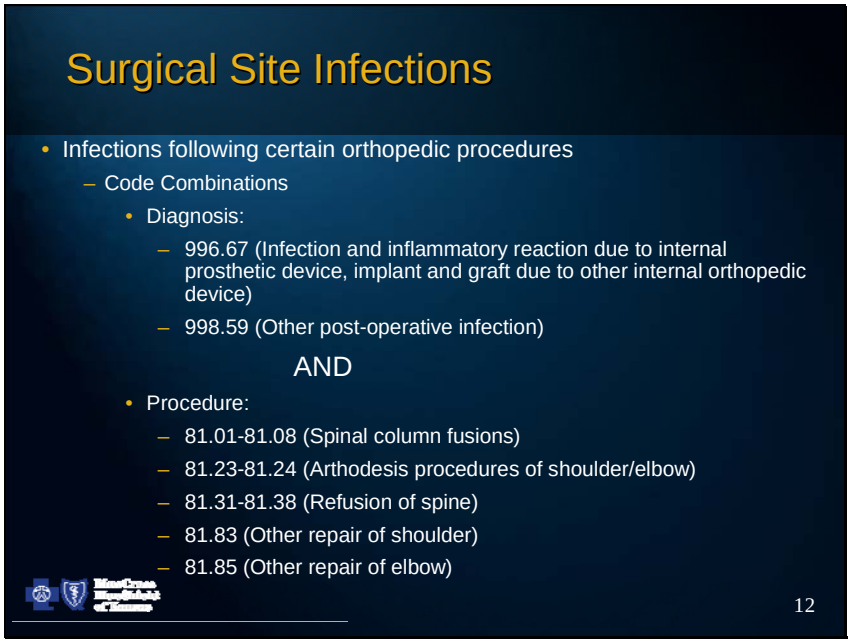
Slide 10


Vascular Catheter-associated Infection
• Vascular Catheter-associated Infection
– Diagnosis Codes:
• 999.31 : Infection due to central venous catheter
10

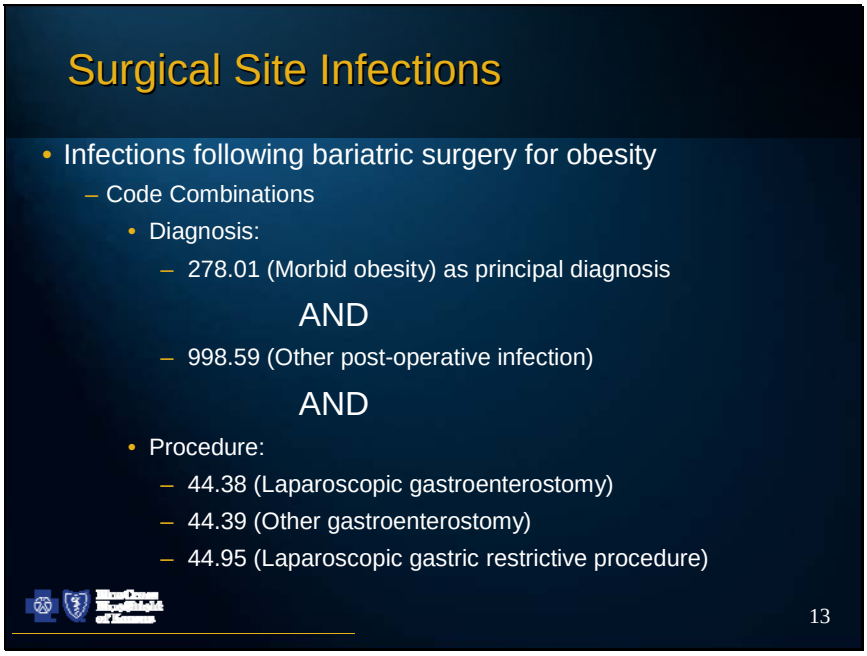
Slide 11


Surgical Site Infections
• Mediastinitis after CABG
– Code Combinations:
• Diagnosis: 519.2 (Mediastinitis)
AND
• Procedure: 36.10-36.19 (Bypass anastomosis for heart revascularization
11

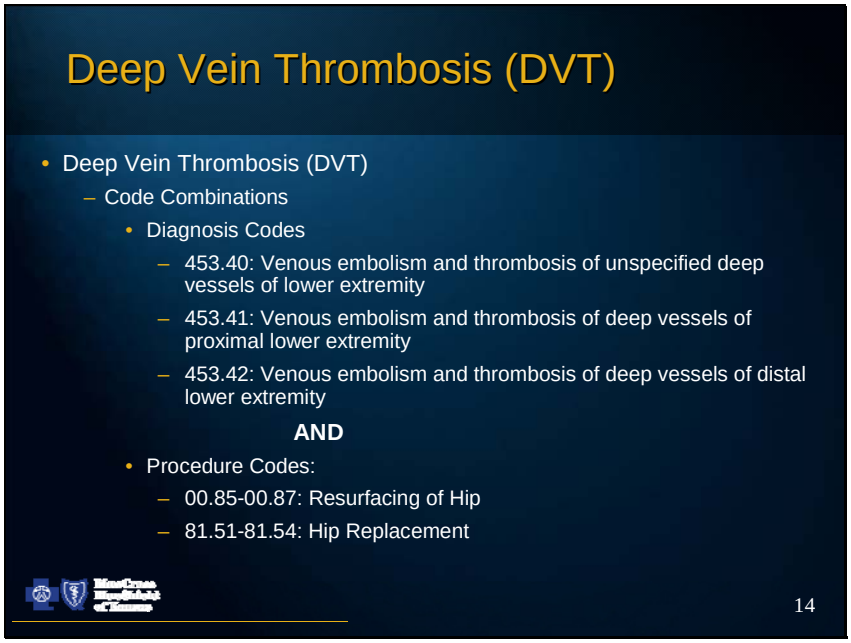
Slide 12


Surgical Site Infections
• Infections following certain orthopedic procedures
– Code Combinations
• Diagnosis:
– 996.67 (Infection and inflammatory reaction due to internal prosthetic device, implant and graft due to other internal orthopedic device)
– 998.59 (Other post-operative infection)
AND
• Procedure:
– 81.01-81.08 (Spinal column fusions)
– 81.23-81.24 (Arthodesis procedures of shoulder/elbow)
– 81.31-81.38 (Refusion of spine)
– 81.83 (Other repair of shoulder)
– 81.85 (Other repair of elbow)
12

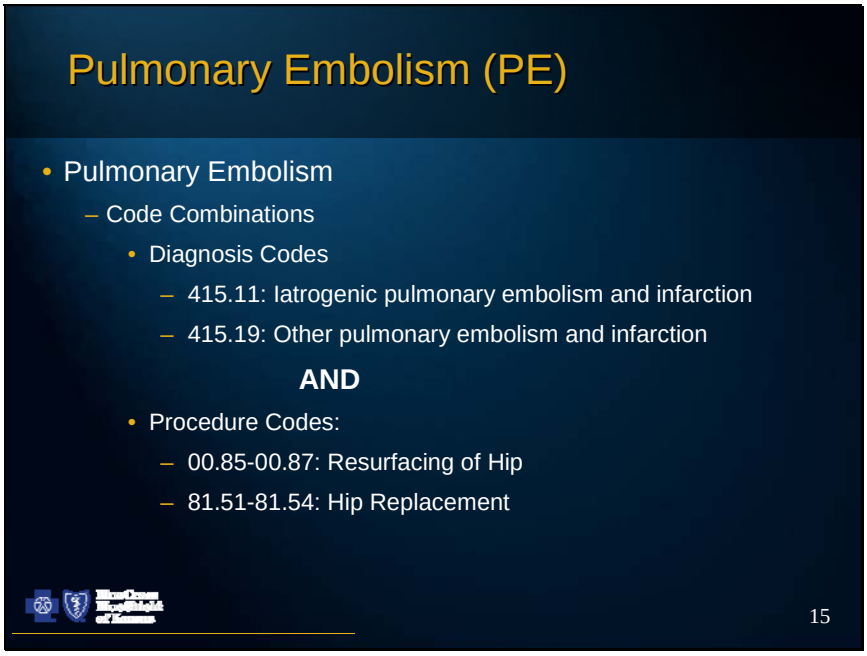
Slide 13


Surgical Site Infections
• Infections following bariatric surgery for obesity
– Code Combinations
• Diagnosis:
– 278.01 (Morbid obesity) as principal diagnosis
AND
– 998.59 (Other post-operative infection)
AND
• Procedure:
– 44.38 (Laparoscopic gastroenterostomy)
– 44.39 (Other gastroenterostomy)
– 44.95 (Laparoscopic gastric restrictive procedure)
13

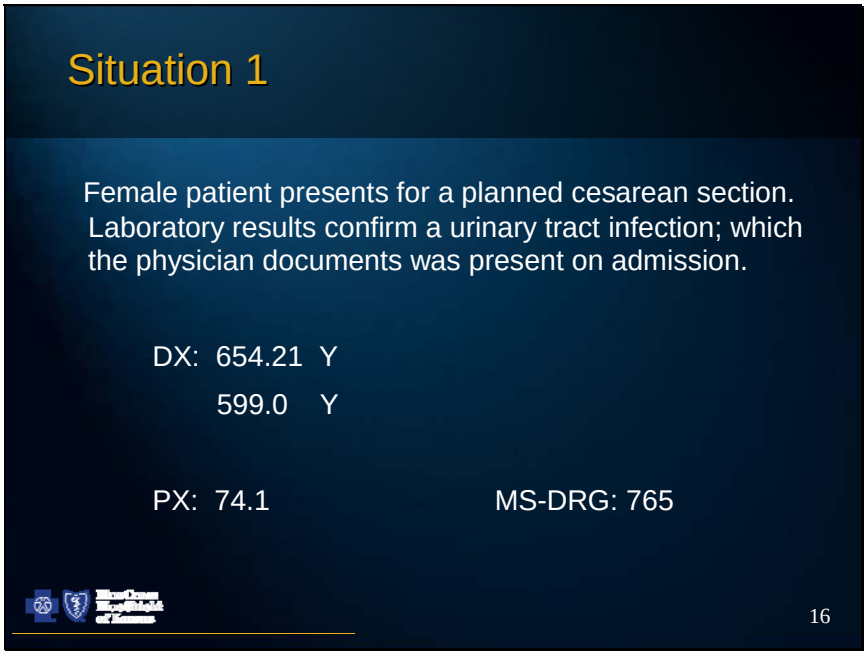
Slide 14


Deep Vein Thrombosis (DVT)
• Deep Vein Thrombosis (DVT)
– Code Combinations
• Diagnosis Codes
– 453.40: Venous embolism and thrombosis of unspecified deep vessels of lower extremity
– 453.41: Venous embolism and thrombosis of deep vessels of proximal lower extremity
– 453.42: Venous embolism and thrombosis of deep vessels of distal lower extremity
AND
• Procedure Codes:
– 00.85-00.87: Resurfacing of Hip
– 81.51-81.54: Hip Replacement
14

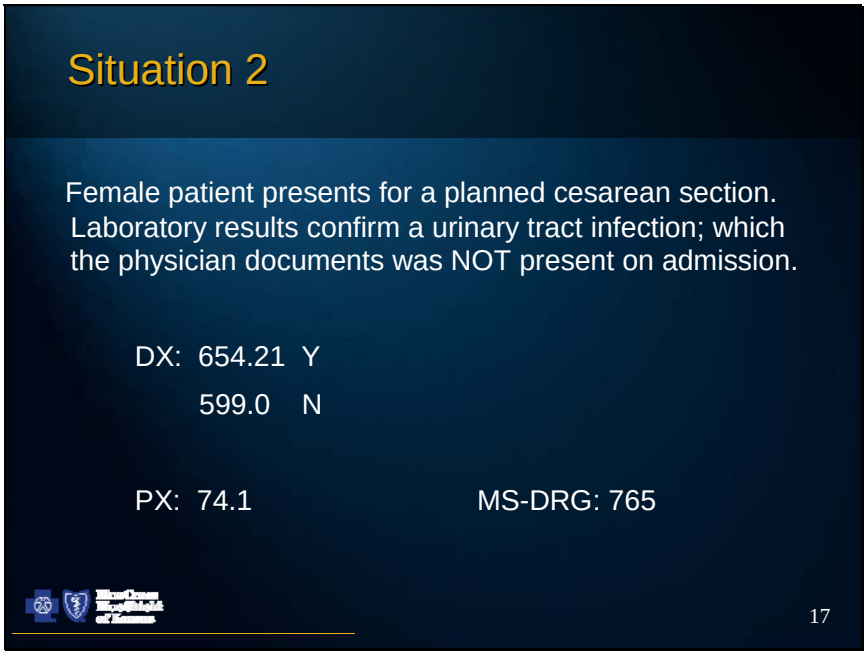
Slide 15


Pulmonary Embolism (PE)
• Pulmonary Embolism
– Code Combinations
• Diagnosis Codes
– 415.11: Iatrogenic pulmonary embolism and infarction
– 415.19: Other pulmonary embolism and infarction
AND
• Procedure Codes:
– 00.85-00.87: Resurfacing of Hip
– 81.51-81.54: Hip Replacement
15

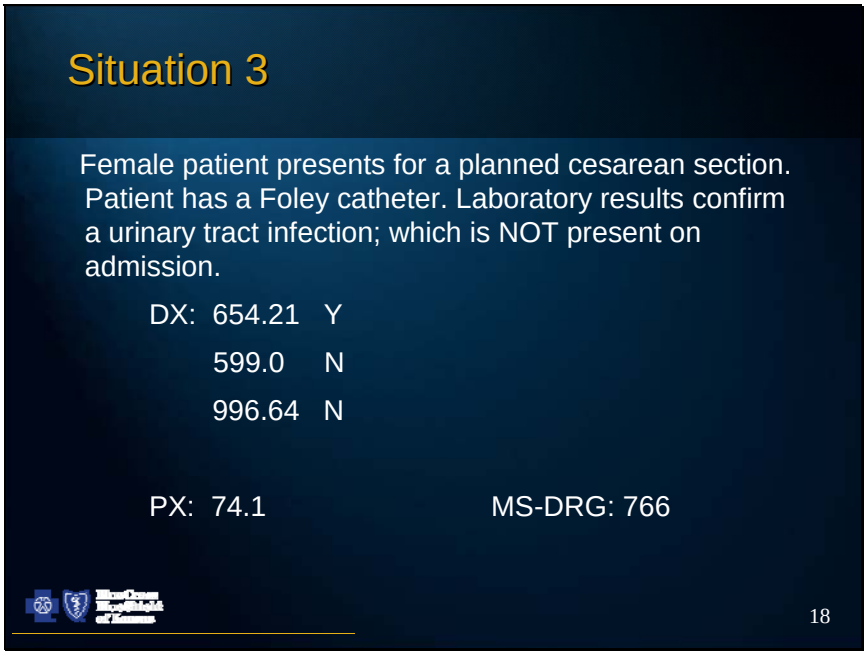
Slide 16


Situation 1
Female patient presents for a planned cesarean section. Laboratory results confirm a urinary tract infection; which the physician documents was present on admission.
DX: 654.21 Y
599.0 Y
PX: 74.1
MS-DRG: 765
16

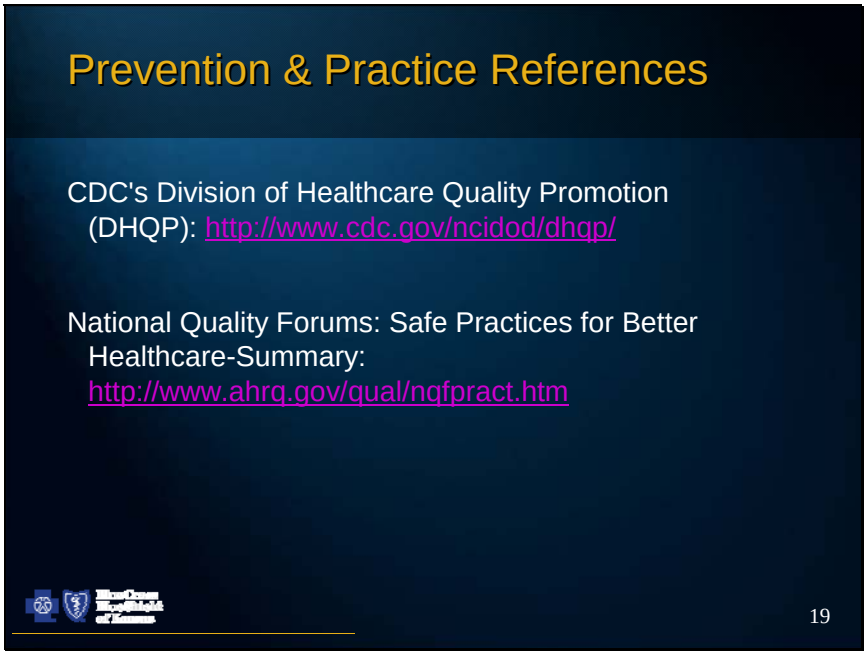
Slide 17


Situation 2
Female patient presents for a planned cesarean section. Laboratory results confirm a urinary tract infection; which the physician documents was NOT present on admission.
DX: 654.21 Y
599.0 N
PX: 74.1
MS-DRG: 765
17

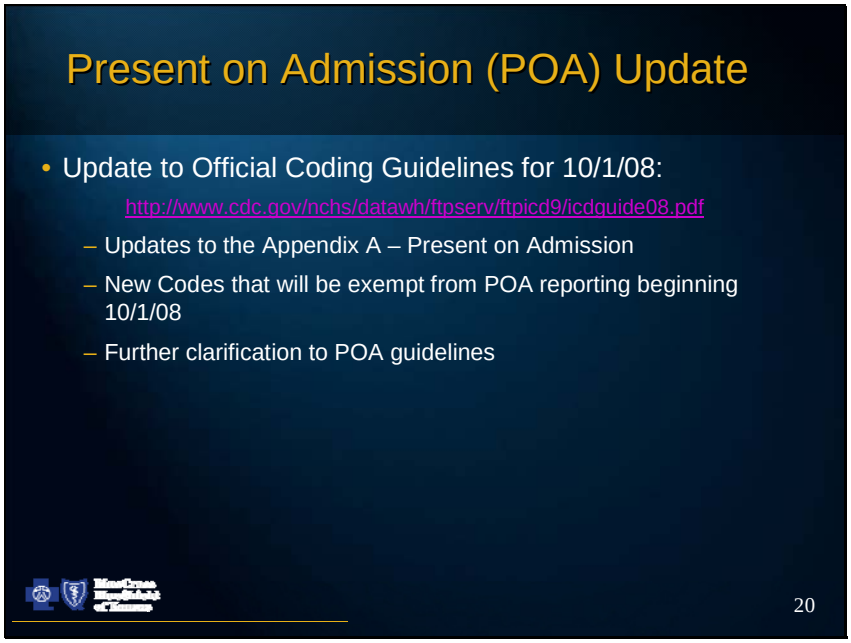
Slide 18


Situation 3
Female patient presents for a planned cesarean section. Patient has a Foley catheter. Laboratory results confirm a urinary tract infection; which is NOT present on admission.
DX: 654.21 Y
599.0 N
996.64 N
PX: 74.1
MS-DRG: 766
18

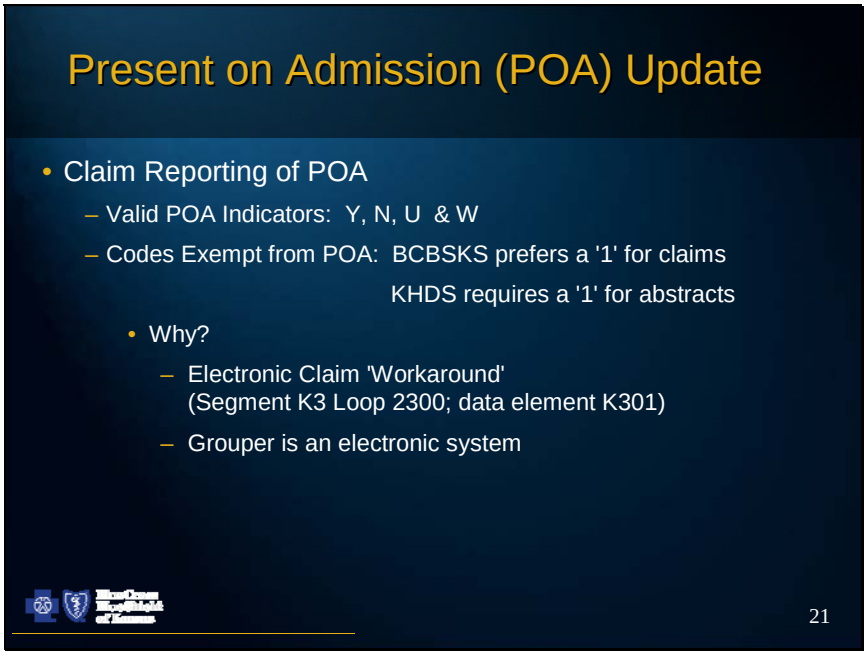
Slide 19


Prevention & Practice References
CDC's Division of Healthcare Quality Promotion (DHQP): http://www.cdc.gov/ncidod/dhqp/
National Quality Forums: Safe Practices for Better Healthcare-Summary: http://www.ahrq.gov/qual/nqfpract.htm
19

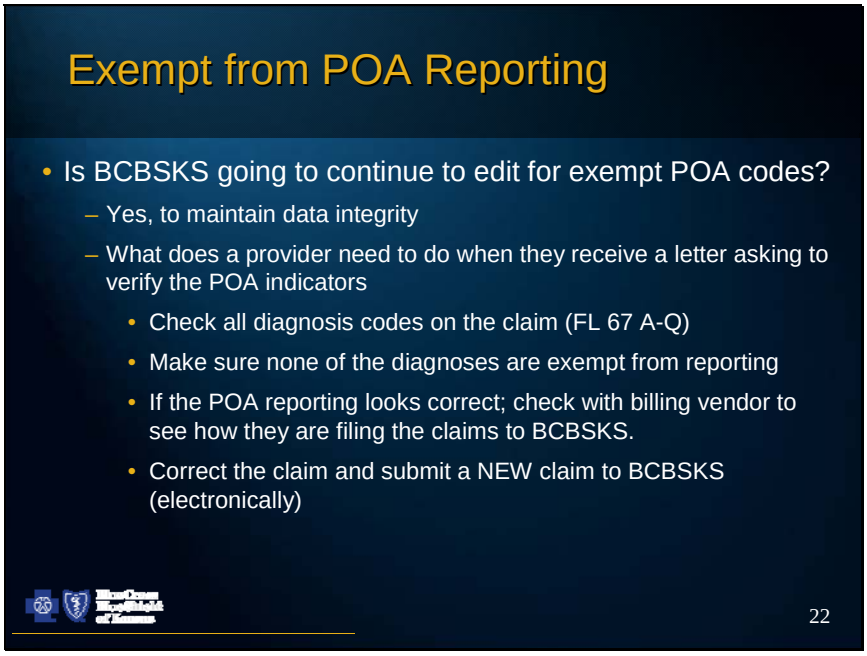
Slide 20


Present on Admission (POA) Update
• Update to Official Coding Guidelines for 10/1/08:
http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/icdguide08.pdf
– Updates to the Appendix A – Present on Admission
– New Codes that will be exempt from POA reporting beginning 10/1/08
– Further clarification to POA guidelines
20

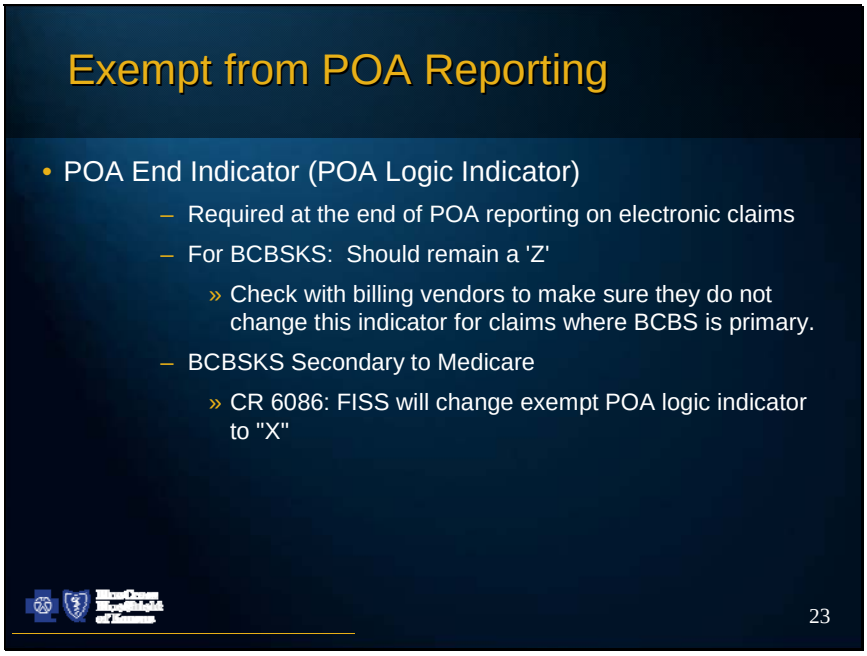
Slide 21


Present on Admission (POA) Update
• Claim Reporting of POA
– Valid POA Indicators: Y, N, U & W
– Codes Exempt from POA: BCBSKS prefers a '1' for claims
KHDS requires a '1' for abstracts
• Why?
– Electronic Claim 'Workaround'
(Segment K3 Loop 2300; data element K301)
– Grouper is an electronic system
21

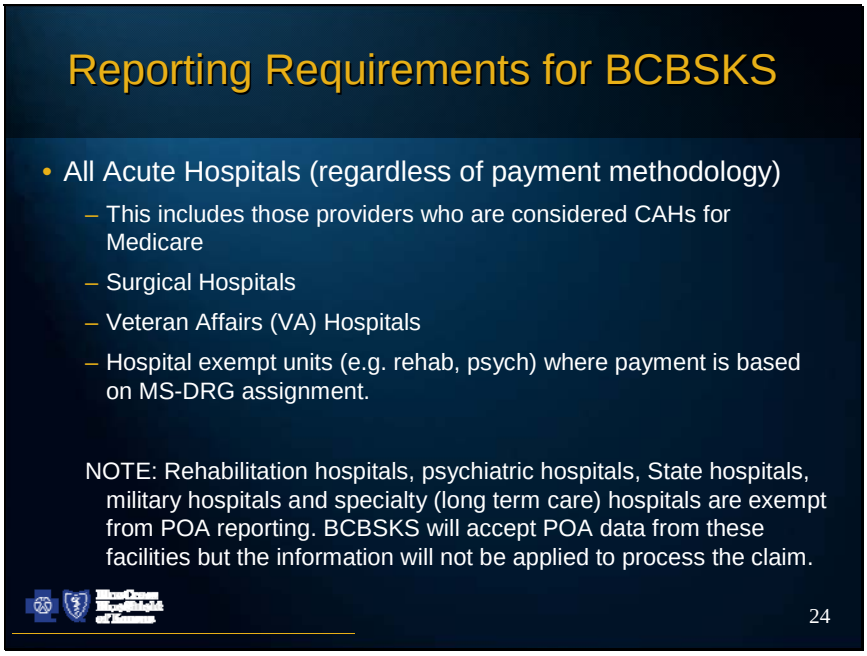
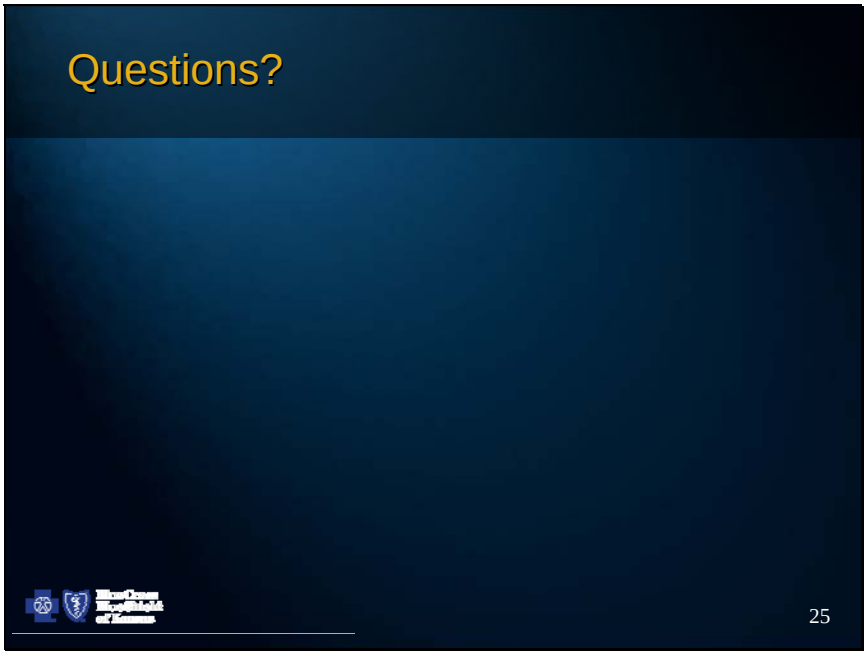
Slide 22


Exempt from POA Reporting
• Is BCBSKS going to continue to edit for exempt POA codes?
– Yes, to maintain data integrity
– What does a provider need to do when they receive a letter asking to verify the POA indicators
• Check all diagnosis codes on the claim (FL 67 A-Q)
• Make sure none of the diagnoses are exempt from reporting
• If the POA reporting looks correct; check with billing vendor to see how they are filing the claims to BCBSKS.
• Correct the claim and submit a NEW claim to BCBSKS (electronically)
22

Slide 23


Exempt from POA Reporting
• POA End Indicator (POA Logic Indicator)
– Required at the end of POA reporting on electronic claims
– For BCBSKS: Should remain a 'Z'
» Check with billing vendors to make sure they do not change this indicator for claims where BCBS is primary.
– BCBSKS Secondary to Medicare
» CR 6086: FISS will change exempt POA logic indicator to "X"
23

Slide 24


Reporting Requirements for BCBSKS
• All Acute Hospitals (regardless of payment methodology)
– This includes those providers who are considered CAHs for Medicare
– Surgical Hospitals
– Veteran Affairs (VA) Hospitals
– Hospital exempt units (e.g. rehab, psych) where payment is based on MS-DRG assignment.
NOTE: Rehabilitation hospitals, psychiatric hospitals, State hospitals, military hospitals and specialty (long term care) hospitals are exempt from POA reporting. BCBSKS will accept POA data from these facilities but the information will not be applied to process the claim.
24

Slide 25