Vanderbilt Section of Surgical Sciences
VANDERBILT UNIVERSITY MEDICAL CENTER

Section Coding and Documentation News

May 2021

21st Century Cures Act – Interoperability

The 21st Century Cures Act was signed into law in 2016 but is now in effect with financial penalty started on April 5th. This act puts the patient in charge of their medical record, moves EHI seamlessly and will financially penalize any practice that interferes with access to EHI.

What you need to know:

- Patients can access their records via My Health at Vanderbilt **immediately**, including notes and lab results – **possibly before the provider sees**
  - *Notes not shared: Huntington's Disease Reports, Non-Accidental Trauma Skeletal Surveys, Our Kids and CARE team notes, historical notes, clinical communications, and telephone notes*
  - *Resident notes before attestation will be available*
- There are exceptions to block information sharing, the biggest include preventing harm– if you suspect that sharing this information could be harmful to the patient, you are able to block the information with providing reason within eStar

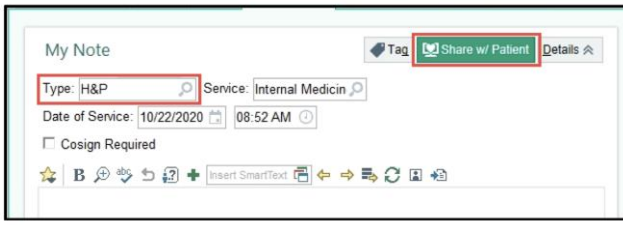
What you should do:

- Communicate with the patients that results are immediately available, and that the provider will be in touch for any sensitive matter or if there are questions the best contact method.
- Continue respectful documentation – patients now can read everything without a request
- Consider adding a smart phrase to your AVS
- Complete the Learning Exchange Module – "Interoperability and Information Sharing."

IN THIS ISSUE

If you need to prevent note sharing for a valid reason, please follow the steps below in eStar:

Click on the "Share w/ Patient Button" which will uncheck the default



Select a reason for the blocking

For More information and Questions email: Chelsea.Provot@vumc.org

Post-Operative Complications

At times a patient has complications following a surgery, but it is important to use the term "postoperative" correctly. Coders have specific guidelines they must follow and it is all releant on the provider's documentation.

Postoperative complications must meet the following per Coding Clinic:

- The condition cannot be routinely expected after a procedure.
- The condition must be clearly linked to the procedure (i.e., the physician must document a cause-and-effect relationship).
- The physician must document that the condition is a complication.

When these are identified, the coder can only report the condition when it persists beyond the expected time frame, receives direct treatment and extends the patient's length of stay.

Hosptial Acquired Conditions (HAC) and Patient Safety Indicators (PSI) are reportable and can negatively affect patient care and reimbursement. This is why it is so important to document any pre-existing conditions on the patient's arrival

Example: Patient develops atrial fibrillation after surgery, but the patient admits previously they had a history of palpations – this would not be considered postoperative atrial fibrillation when you document the previous history.

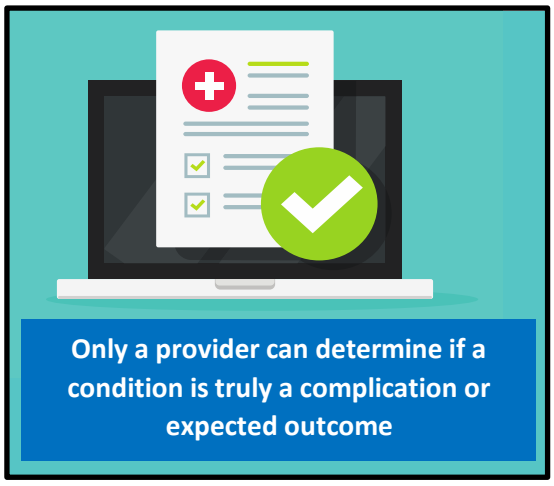
Common HAC that apply to surgery:

- Foreign object retained after surgery
- Air embolism
- Blood incompatibility
- Catheter-associated urinary tract infection (UTI)
- Vascular catheter-associated infection
- Surgery site infection following certain orthopedic procedures
- Surgery site infection following bariatric surgery for obesity

Providers are responsible for identifying if there are any intraoperative complications such as hemorrhage or if a laceration is related to the surgery, anesthesia, disease, or anatomy.

Remember when documenting to include the patient's history and that YOU are ultimately responsible for creating that linkage to a post-operative complication.

Coders and Clinical Documentation Specialists are here to ensure your documentation paints the correct picture of the patient.



Modifier -25

Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service

In clinic, you may have to perform a bedside procedure such as debridement or scope and at times you are able to charge both an office visit and procedure with the help of modifier -25. To do so, you need to perform an evaluation beyond the procedure.

Here are some examples when it is appropriate to charge both an office visit and procedure:

A new patient presents to clinic due to pain the rectum; you evaluate the area and review the past medical notes of the patient from PCP, along with labs. This is a new problem to you; reviewed previous data and decide you need further evaluation than what is being presented. An anoscope is performed in the office.

Codes: 99204-25, 46600

An established patient presents to the burn clinic for bilateral leg burns and right arm burns. You evaluate all burn areas. The right arm requires debridement in the office and the leg burns require further prescribed medications for pain. Debridement of the partial thickness burn was performed

Codes: 99214-25, 16020

Here is an example of when only the procedure should be performed:

Patient presents for scheduled change of PEG tube; no further evaluation of the condition is monitored.

Code: 49450

Just remember you must use MDM or time on a condition outside of the procedure being performed with an established patient!

AVOID THE QUERY

When a specimen is sent to pathology, please include the diagnosis from pathology – hospital inpatient coders are unable to code from a pathology report. It will require a query if not noted in a document during the stay!

CMS affirms is legitimate practice to notate the pathologic findings as a diagnosis that was applicable within the encounter – this makes sense, as the actual condition was present at the time of the biopsy/resection, etc.! Thus, please add the diagnoses to the note when these become known.

Condition Corner

Acute Blood Loss Anemia is a condition identified as an opportunity throughout VUMC.
This condition is NOT classified as a complication.

Anemia is common among hospitalized patients; specificity is important

- Iron-deficiency, vitamin-deficiency (B12/folate), aplastic, hemolytic
- Anemia in chronic kidney disease, anemia of chronic disease, anemia due to antineoplastic chemotherapy

Acute blood loss anemia = acute post-hemorrhagic anemia

- It is a CC → may impact DRG
- Does not include anemia due to chronic blood loss OR [unspecified] blood loss anemia

There is no specific threshold that defines acute blood loss anemia

- A drop below normal/baseline values that requires **evaluation, monitoring, or treatment**
- Transfusion is not necessary (but if a transfusion is ordered, acute blood loss anemia is almost certainly present)
- Monitoring should be **beyond the standard monitoring** indicated by routine orders

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CME Credit Information

Starting with this month's newsletter, CME credit will be offered! We appreciate all your hard work with expanding your education around documentation. Simply follow the directions below.

Vanderbilt University Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Vanderbilt University Medical Center designates this enduring material for a maximum of 0.5 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

To claim credit for this activity, go to https://vumc.cloud-cme.com/SurgicalNewsletterMay and complete all content, including the required course evaluation. Once complete, credits will appear on your transcript and a course completion certificate will be available for download.

CODER INFORMATION

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Thank you for engagement with documentation/coding!

The newsletters will be distributed monthly. Please let us know if you have burning topics/questions!

- Individual one-on-one sessions with Chelsea Provot, the Surgical Section Coding Educator are available.
- For coding/documentation questions, feel free to reach out to Chelsea Provot or Dr. Raeanna Adams:

Chelsea.provot@vumc.org

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TEST YOUR KNOWLEDGE

The coding team can decide if a complication is related to the operation.

True or False

When the patient is admitted, the CHIMS team will query a provider if the pathology diagnosis is not listed by the Attending.

True or False

Acute Blood Loss Anemia has defined thresholds.

True or False

This newsletter offers CME credit of 0.5

True or False

Check back next month for the answers!