

Statement from the ACDIS Advisory Board on ICD-10-PCS MS-DRG concerns

POSITION PAPER

Summary: The ACDIS Advisory Board has identified some minor diagnostic and/or therapeutic procedures that group to surgical DRGs. ACDIS has alerted some regulatory authorities and recommends that CDI professionals raise this issue with their compliance department and consult the AHIMA *Standards of Ethical Coding*.

Earlier this year, ACDIS learned that several minor diagnostic and/or therapeutic procedures, when captured with ICD-10-PCS codes, group to surgical DRGs. This has led to significantly higher rates of reimbursement for these procedures and considerable consternation amongst CDI and coding professionals, who fear that these payments will eventually result in eventual recoupment from CMS and/or private payers. As a result, some hospitals are opting not to code these procedures. Others are coding them as usual, citing that it is their obligation to do so under HIPAA and per the *ICD-10-CM/PCS Official Guidelines for Coding and Reporting*.

Some of the problematic procedures ACDIS has identified include the following:

- **Paracentesis.** Coding this procedure as diagnostic versus therapeutic results in a surgical DRG.
- **Esophageal banding of bleeding varices.** This procedure now codes to a surgical DRG.
- **Fine needle aspiration (FNA) of a lymph node.** FNA does not code to a surgical DRG, but when performed on a lymph node it codes to a surgical DRG.
- **Insertion of an arterial line.** Coding this procedure results in a surgical DRG.
- **Pregnancy with a forceps vaginal delivery with a 3rd- or 4th-degree tear repair.** Since the vaginal delivery is not a surgical procedure, but the repair of the anus is surgical, these cases are being assigned to a DRG for an unrelated OR procedure to the principal diagnosis instead of a pregnancy DRG.

To better understand the scope of this issue and determine how hospitals are currently choosing to address it, ACDIS conducted a poll of its 4,700 members, to which approximately 260 individuals responded. We found that the majority of our members have opted to code these procedures.

For example, in the case of paracentesis, the ratio of members who have opted to code vs. not code is approximately 5:1.

Paracentesis: Coding this procedure as diagnostic versus therapeutic results in a surgical DRG. Please indicate your facility's response.

- We have recognized this problem and chosen to code it: 61.64%
- We have recognized this problem and chosen not to code it: 12.50%
- This is not a problem identified in our facility: 25.86%

The same ratio (approximately 5:1) applies to FNA of a lymph node.

FNA of a lymph node: FNA does not code to a surgical DRG, but when performed on a lymph node it codes to a surgical DRG. Please indicate your facility's response.

- We have recognized this problem and chosen to code it: 50.43%
- We have recognized this problem and chosen not to code it: 9.91%
- This is not a problem identified in our facility: 39.66%

The ratio of hospitals opting to code versus not code is even more pronounced with esophageal banding of bleeding varices, with nearly 13:1 opting to code these procedures.

Esophageal banding of bleeding varices: This procedure now codes to a surgical DRG. Please indicate your facility's response.

- We have recognized this problem and chosen to code it: 65.40%
- We have recognized this problem and chosen not to code it: 5.49%
- This is not a problem identified in our facility: 29.11%

However, insertion of an arterial line is a far more problematic issue for ACDIS members, with a near 1:1 split of respondents deciding to code vs. not to code:

Insertion of an arterial line: Coding this procedure results in a surgical DRG. Please indicate your facility's response.

- We have recognized this problem and chosen to code it: 39.15%
- We have recognized this problem and chosen not to code it: 32.77%
- This is not a problem identified in our facility: 28.09%

Response from ACDIS Advisory Board

The decision of whether to code these procedures is beyond the regulatory scope of ACDIS. In addition, it is not immediately clear whether these changes in DRG logic are intentional, although CMS has publically stated that it aimed for budget neutrality with MS-DRG conversion and ICD-10 implementation. As a result, ACDIS recommends that its members raise this issue with hospital administration (compliance department, HIM/coding management, chief financial officer, etc.) and offer to partner with them for resolution. While not typically asked to apply codes, CDI professionals often possess a strong clinical knowledge of these procedures, and since the implementation of ICD-10, many have been involved in documentation capture for accurate ICD-10-PCS assignment. In addition, ACDIS notes that according to the AHIMA *Standards of Ethical Coding*, coding professionals should:

1. *Apply accurate, complete, and consistent coding practices for the production of high-quality healthcare data.*
2. *Report all healthcare elements (e.g., diagnosis and procedure codes, present on admission indicator, discharge status) required for external reporting purposes (e.g., reimbursement and other administrative uses, population health, quality and patient safety measurement, and research) completely and accurately, in accordance with regulatory and documentation standards and requirements and applicable coding conventions, rules, and guidelines.*
3. *Assign and report only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, rules, and guidelines.*

ACDIS has written to coding authorities at CMS, the American Hospital Association, and 3M Health Information Systems. We also plan to provide feedback to CMS during its IPPS proposed rule comment period and closely monitor any regulatory changes. We will continue to provide our members with the latest information on this issue.

Respectfully,

The ACDIS Advisory Board

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An ACDIS Position Paper sets a recommended standard for the CDI industry to follow. It advocates on behalf of a certain position or offers concrete solutions for a particular problem. All current members of the ACDIS Advisory Board must review/approve a Position Paper and are encouraged to materially contribute to its creation.