

REGULATORY COMMITTEE INSIGHT

Position statement on the use of codes for antibiotic resistance

Centers for Medicare & Medicaid Services (CMS) fiscal year 2020 inpatient prospective payment system final rule designated a series of codes related to antibiotic resistance as comorbid/complicating conditions (CC). As patient advocates, ACDIS' Regulatory Committee appreciates CMS' recognition of the role that antibiotic resistance plays in elevating the complexity of patient care. We are concerned, however, that inappropriate use of these codes may lead to significant issues with "upcoding," non-compliance, and potential fraud. This ACDIS Regulatory Committee statement is designed to provide guidance for the appropriate and ethical use of these codes.

Antibiotic resistance is ubiquitous. It is only the rare culture of any blood or body fluid that does not contain at least one agent to which a cultured organism is resistant. It needs to be emphasized, however, that the very presence of antibiotic resistance within a culture (as documented within the medical record by the attending physician) may not meet the definition of a secondary (other) diagnosis. The *Official Guidelines for Coding and Reporting* specify that to be listed as a secondary diagnosis, the condition must require additional:

- Clinical evaluation *or*
- Therapeutic treatment *or*
- Diagnostic studies *or*
- An extended length of stay *or*
- Increased nursing care and/or monitoring

We believe that to meet this standard, either the initial antibiotic selection must be made after documented review of the patient's past cultures and patterns of antibiotic resistance, or that antibiotic therapy is altered during the current hospitalization in response to contemporary culture results. Simply noting that a particular organism is resistant to a selected antibiotic agent, without any indication that the incident of resistance played a distinct and documented role in patient care, would be considered an inappropriate use of the antibiotic resistance code as a secondary diagnosis. Similarly, queries to physicians suggesting the documentation of antibiotic resistance in the absence of any clear effect on patient care would be considered inappropriate.

We look forward to working with the CDI community to insure the appropriate and ethical practice of our profession.

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