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Association of Clinical Documentation Integrity Specialists

ACDIS Quarterly Conference Call

August 29, 2024

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ACDIS

- Today's discussion qualifies for one ACDIS CCDS/CCDS-O continuing education credit.
- To obtain this credit, you must visit the ACDIS website and click on the "Quarterly Calls" item in the "Member Resources" dropdown. Then, click into the "2024 Quarterly Calls" item on that page.
- A survey link and recording of this call will be provided on the ACDIS website typically within 24 hours of the end of the program.

Learning Outcomes

- At the completion of this educational activity, the learner will be able to:
  - List one reason for performing second-level reviews
  - Describe ways to measure value of second-level reviews

CDI Week: September 16-20, 2024

- Free CDI Week Webinar: *Infinite Opportunities: 2024 CDI Week State of the Industry*
- Date: Thursday, September 19, 2024, 1:00-2:30 p.m. eastern
  - Presented by: Tiara Minor, RN, BSN, CCDS, CDI Director at University of Miami Health System, Debbie Breton, BSN, RN, CCDS, CDI Nurse Educator at Providence Health & Services - Oregon Region, and Michael Gao, Co-founder and CEO at SmarterDx.
  - Register here https://acdis.org/cdi-week/infinite-opportunities-2024-cdi-week-state-industry
- 2024 CDI Week Industry Survey
- CDI Fact Sheet
- Daily Q&As with industry experts
- Discounts on ACDIS education
- Fun resources to help you celebrate:
  - Ideas for celebrating
  - Printable poster
  - Self-care handout (available next week)
  - MadLib! (available next week)

CDI Journal

- The September/October issue of the *CDI Journal* publishes in early September and focuses on back to basics
- Articles include:
  - Stepping into a new role
  - Conducting clinical and regulatory education
  - Using AI for your program
  - Developing a CDI workflow and documentation standards
  - Taking care of yourself during busy seasons to avoid burnout
  - Educating medical students on CDI
  - And more!

- If you have an article idea, send your idea or draft to ACDIS Associate Editorial Director Linnea Archibald (linnea.archibald@hcpro.com) and Editor Jess Fluegel (jess.fluegel@hcpro.com).

Who will you inspire?

- ACDIS 2025 is May 4-7, 2025, in Kissimmee (Orlando), Florida
  - Find out more at hcmarketplace.com/acdis-conference
- ACDIS Symposium: Outpatient CDI: May 3-4, 2025
- ACDIS Physician Advisor Forum: May 3-4, 2025
- Call for Poster Presenters and submissions for the ACDIS Achievement Awards open in October.

ACDIS Leadership Council

- Final call for applications!
  - Closes at end of day **Monday, September 2, 2024**
  - Link to apply is under “Networking” on acdis.org and then chose the ACDIS Leadership Council category: https://acdis.org/acdis-leadership-council
  - The ACDIS Leadership Council connects CDI leaders through personalized insight-sharing and networking opportunities that create relationships, advance leadership strategies, and illuminate industry trends. We do this through a few membership benefits:
  - Bimonthly educational panel discussion calls (which each offer 1 ACDIS CEU for those who attend and 2 ACDIS CEUs for those on the panel for the meeting)
  - Monthly newsletter designed for the Council members
  - Roughly quarterly surveys related to leadership topics (the data is then shared via the panel discussions and in written reports)
  - Weekly “connections” emails to connect leaders who have questions with others who can help
  - Occasional in-person opportunities in conjunction with the ACDIS national conference and other live events

IPPS Coding Update

Deanne Wilk, MPS, BSN, RN, CCDS, CCDS-O, CDIP, CCS

CDI Education Director for ACDIS and HCPro

hcpro

2025 IPPS Final Rule

FEDERAL REGISTER

The Daily Journal of the United States Government

https://www.federalregister.gov/public-inspection/2024-17021/medicare-medicaid-and-childrens-health-insurance-programs-hospital-inpatient-prospective-payment

What is the Federal Register and IPPS?

IPPS is published yearly around late July/August for implementation October 1

The Federal Register

- Official daily publication of the U.S. federal government
- Contains federal agency rules, proposed rules, executive orders, proclamations, and other documents
- Published every business day by the Office of the Federal Register
- Serves as the main source for the public to review and comment on proposed regulations

Key Functions of the Federal Register

- Informs citizens of their rights and obligations
- Provides access to a wide range of federal benefits and opportunities
- Documents the actions of federal agencies
- Preserves a permanent record of government activity

The IPPS (Inpatient Prospective Payment System)

- Medicare payment system for acute care hospital inpatient stays
- Administered by the Centers for Medicare & Medicaid Services (CMS)
- Determines how Medicare reimburses hospitals for inpatient services

How IPPS Works

- Classifies inpatient stays into diagnosis-related groups (DRGs)
- Assigns a payment weight to each DRG based on average resources used
- Adjusts payments for various factors (e.g., geographic location, teaching status)
- Updated annually with changes published in the Federal Register

Importance of IPPS

- Encourages hospitals to operate efficiently
- Provides predictable payments for hospitals
- Ensures fair compensation for services provided
- Helps control Medicare spending on inpatient hospital services

New system for MS-DRG *comments and suggestions*

- Interested parties should **submit any MS-DRG classification change requests, including any comments and suggestions for FY 2026 consideration by October 20, 2024 via MEARIS™** at https://mearis.cms.gov/public/home .

- **MEARIS™**, a user focused digital platform that supports applicant **submissions, communication, and revisions**, with CMS being able to electronically store, review, track, and process these submissions.

T.E.A.M.

Transforming Episode Accountability Model (TEAM) is a new **mandatory alternative payment model** aimed at enhancing beneficiary care.

- **TEAM focuses on five procedure categories:**
  - **coronary artery bypass graft surgery (CABG)**
  - **lower extremity joint replacement (LEJR)**
  - **major bowel procedures**
  - **surgical hip/femur fracture treatment (SHFFT)**
  - **spinal fusion.**

TABLE X.A.-08: FINAL TEAM EPISODE CATEGORIES AND BILLING CODES

Episode Category	Billing Codes (MS-DRG/HCPCS)
LEJR	MS-DRG 469, 470, 521, 522 HCPCS 27447, 27130, 27702
SHFFT	MS-DRG 480, 481, 482
CABG	MS-DRG 231, 232, 233, 234, 235, 236
Spinal Fusion	MS-DRG 402, 426, 427, 428, 429, 430, 447, 448, 450, 451, 471, 472, 473 HCPCS 22551, 22554, 22612, 22630, 22633
Major Bowel Procedure	MS-DRG 329, 330, 331

- The model will be tested over a five-year period from **January 1, 2026, to December 31, 2030**.
- TEAM is expected to qualify as an **Advanced Alternative Payment Model (APM) under the Quality Payment Program (QPP) and as a Merit-based Incentive Payment System (MIPS) APM for all participation tracks**.
- Currently, Medicare pays separately for each item or service during an episode of care, which may lead to fragmented or unnecessary care. **TEAM intends to address this by holding hospitals accountable for all services provided during an episode, incentivizing better care coordination and quality improvement.**
- Participation in TEAM **will be mandatory for acute care hospitals in selected Core-Based Statistical Areas (CBSAs)**, with a one-time option for hospitals from the BPCI Advanced or CJR models to voluntarily join if not in a mandatory CBSA. TEAM will include a 1-year glide path for all participants and a 3-year glide path for safety net hospitals to transition into full financial risk.
- **Episodes will cover non-excluded Medicare Parts A and B services, starting with an anchor procedure and ending 30 days post-discharge**. Hospitals will receive target prices for episodes, calculated using baseline data and adjusted for various factors. Performance will be assessed by comparing actual spending to the target price and evaluating quality measures. Hospitals that spend below their target will receive payments, while those exceeding their target will owe CMS. Some proposed policies are being finalized, others modified, and new policies will be developed through future rulemaking.

D61.03 Fanconi anemia (CC)
MDC 16 and DRG's 808-810

- **Fanconi anemia (FA)** is a rare genetic disorder that affects the bone marrow, leading to decreased production of all types of blood cells (pancytopenia). It is also associated with physical abnormalities, developmental delays, and an increased risk of certain cancers, particularly acute myeloid leukemia and squamous cell carcinoma. FA is inherited in an autosomal recessive pattern, meaning a child must inherit two defective copies of the gene, one from each parent, to develop the disorder.
- **Symptoms of Fanconi anemia can include:**
  - Short stature
  - Skin pigmentation abnormalities (such as café-au-lait spots)
  - Abnormalities in the thumbs or forearms
  - Kidney and urinary tract abnormalities
  - Hearing loss
  - Bone marrow failure, leading to anemia, leukopenia (low white blood cells), and thrombocytopenia (low platelets)

- **Diagnosis** typically involves blood tests, chromosomal breakage studies, and genetic testing to identify mutations in any of the genes associated with FA.
- **Treatment** options include supportive care (such as blood transfusions), androgen therapy, bone marrow transplant, and close monitoring for cancer development.

Diabetes and Hypoglycemia (Not a CC)

E10.A0	Type 1 diabetes mellitus, presymptomatic, unspecified
E10.A1	Type 1 diabetes mellitus, presymptomatic, Stage 1
E10.A2	Type 1 diabetes mellitus, presymptomatic, Stage 2

E16.A1	Hypoglycemia level 1
E16.A2	Hypoglycemia level 2
E16.A3	Hypoglycemia level 3

Type 1 Presymptomatic Diabetes

Type 1 diabetes mellitus, presymptomatic, unspecified

Individuals have markers for T1DM but haven't progressed to a specific stage.
Detectable autoantibodies associated with T1DM are present.
Blood glucose levels are normal.
No symptoms of diabetes are present.

Type 1 diabetes mellitus, presymptomatic, Stage 1

Two or more islet autoantibodies are present.
Blood glucose levels are normal (fasting glucose <100 mg/dL, 2-hour post-load glucose <140 mg/dL, HbA1c <5.7%).
No symptoms of diabetes are present.
Higher risk of progressing to clinical T1DM compared to the unspecified stage.

Type 1 diabetes mellitus, presymptomatic, Stage 2

Two or more islet autoantibodies are present.
Blood glucose levels are abnormal but not yet in the diabetic range:
- Fasting glucose 100-125 mg/dL (impaired fasting glucose)
- 2-hour post-load glucose 140-199 mg/dL (impaired glucose tolerance)
- HbA1c 5.7-6.4%

Still no classic symptoms of diabetes.
Very high risk of progressing to clinical T1DM.

Hypoglycemia Levels

Level 1 Hypoglycemia: Blood glucose levels are below 70 mg/dL but above 54 mg/dL. Individuals may start experiencing symptoms such as shakiness, sweating, and irritability. This level of hypoglycemia can often be managed with oral glucose or a snack.

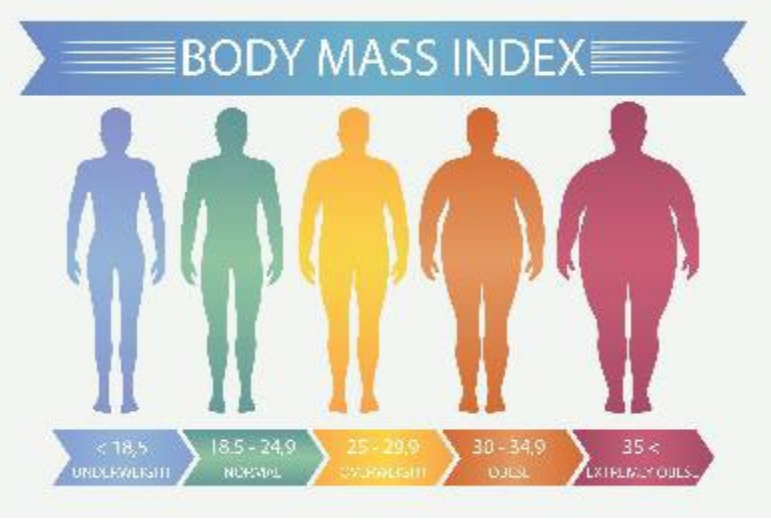
Level 2 Hypoglycemia: Blood glucose levels are below 54 mg/dL. Symptoms can be more severe and may include confusion, difficulty speaking, and impaired coordination. This level typically requires immediate intervention with oral glucose or emergency treatment if symptoms are severe or if the individual cannot consume glucose orally.

Level 3 Hypoglycemia: This level is characterized by severe hypoglycemia with altered mental status or loss of consciousness. Blood glucose levels may be extremely low, and immediate medical intervention is required. This could involve glucagon injection or intravenous glucose administration.

Feeling shaky
Being nervous or anxious
Sweating, chills and clamminess
Irritability or impatience
Confusion
Fast heartbeat
Feeling lightheaded or dizzy
Hunger
Nausea
Color draining from the skin (pallor)
Feeling sleepy
Feeling weak or having no energy
Blurred/impaired vision
Tingling or numbness in the lips, tongue, or cheeks
Headaches
Coordination problems, clumsiness
Nightmares or crying out during sleep
Seizures

https://diabetes.org/living-with-diabetes/treatment-care/hypoglycemia

Body Mass Index (BMI)



Severely underweight - BMI less than 16.5kg/m^2

Underweight - BMI under 18.5 kg/m^2

Normal weight - BMI greater than or equal to 18.5 to 24.9 kg/m^2

Overweight – BMI greater than or equal to 25 to 29.9 kg/m^2

Obesity – BMI greater than or equal to 30 kg/m^2

- **Obesity class I** – BMI 30 to 34.9 kg/m^2
- **Obesity class II** – BMI 35 to 39.9 kg/m^2
- **Obesity class III** – BMI greater than or equal to 40 kg/m^2 (also referred to as severe, extreme, or massive obesity)

Asian and South Asian population

- Overweight - BMI between 23 and 24.9 kg/m^2
- Obesity - BMI greater than 25 kg/m^2

https://www.ncbi.nlm.nih.gov/books/NBK541070/

Embolism

I26.03	Cement embolism of pulmonary artery with acute cor pulmonale	MCC
I26.04	Fat embolism of pulmonary artery with acute cor pulmonale	MCC
I26.95	Cement embolism of pulmonary artery without acute cor pulmonale	MCC
I26.96	Fat embolism of pulmonary artery without acute cor pulmonale	MCC

A **cement embolism** occurs when bone cement, used in orthopedic surgeries like total joint replacements or vertebroplasty, inadvertently enters the bloodstream and travels to the lungs, heart, or other organs.

Anosognosia R41.85

- **Anosognosia** is a condition in which a person is unaware of or denies the existence of their own illness or disability.
- This lack of awareness can affect various medical or psychological conditions, and the individual may not recognize or acknowledge their impairments, despite clear evidence to the contrary.
  - **Neurological Disorders**: Anosognosia is commonly associated with neurological conditions such as stroke, brain injury, and certain types of dementia (e.g., Alzheimer's disease). It can occur in individuals with damage to the right hemisphere of the brain, which is involved in self-awareness and spatial perception.
  - **Mental Health Conditions**: It can also be seen in some psychiatric disorders, including schizophrenia and bipolar disorder.

Z Codes

Z51.A	Encounter for sepsis aftercare
Z59.71	Insufficient health insurance coverage
Z59.72	Insufficient welfare support

Pediatric BMI

Z68.55	Body mass index [BMI] pediatric, 120% of the 95th percentile for age to less than 140% of the 95th percentile for age	CC
Z68.56	Body mass index [BMI] pediatric, greater than or equal to 140% of the 95th percentile for age	CC

How to calculate the 120% and 140% Percentiles:
120% of the 95th Percentile: Multiply the 95th percentile BMI value by 1.20. This value represents a threshold where the child's BMI is 20% higher than the 95th percentile.
140% of the 95th Percentile: Multiply the 95th percentile BMI value by 1.40. This value represents a threshold where the child's BMI is 40% higher than the 95th percentile.

The BMI range between 120% and 140% of the 95th percentile is used to classify the child's weight status. For instance, if a child's BMI falls within this range, it indicates that their BMI is higher than 120% but less than 140% of the BMI value for the 95th percentile of their age group.

Family and Personal History

Z83.72	Family history of familial adenomatous polyposis
Z86.0100	Personal history of colon polyps, unspecified
Z86.0101	Personal history of adenomatous and serrated colon polyps
Z86.0102	Personal history of hyperplastic colon polyps
Z86.0109	Personal history of other colon polyps
Z92.26	**Personal history of immune checkpoint inhibitor therapy**

Hand Assisted Procedures- numerous hand-assisted procedures added

07TP4ZG^ Resection of Spleen, Percutaneous Endoscopic Approach, Hand-Assisted

- **HALS = hand-assisted laparoscopic surgery is using a sleeve appliance to maintain pneumoperitoneum while the operator's hand is inserted through a small incision into the abdomen. Has the potential to:**
- Facilitate laparoscopic surgery
- Reduce operative time
- Shorten the "learning curve" associated with laparoscopic surgical procedures
- Improve safety
- Allow accurate digital dissection of operative specimens

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3015432/#:~:text=Hand%2Dassisted%20laparoscopic%20surgery%20(HALS,small%20incision%20into%20the%20abdomen.

Spinal Implant Procedures

XRH60FA*	Insertion of Pedicle Based Carbon/PEEK Spinal Stabilization Device into Thoracic Vertebral Joint, Open Approach, New Technology Group 10
XRH63FA*	Insertion of Pedicle Based Carbon/PEEK Spinal Stabilization Device into Thoracic Vertebral Joint, Percutaneous Approach, New Technology Group 10
XRH64FA*	Insertion of Pedicle Based Carbon/PEEK Spinal Stabilization Device into Thoracic Vertebral Joint, Percutaneous Endoscopic Approach, New Technology Group 10
XRH70FA*	Insertion of Pedicle Based Carbon/PEEK Spinal Stabilization Device into 2 to 7 Thoracic Vertebral Joints, Open Approach, New Technology Group 10
XRH73FA*	Insertion of Pedicle Based Carbon/PEEK Spinal Stabilization Device into 2 to 7 Thoracic Vertebral Joints, Percutaneous Approach, New Technology Group 10
XRH74FA*	Insertion of Pedicle Based Carbon/PEEK Spinal Stabilization Device into 2 to 7 Thoracic Vertebral Joints, Percutaneous Endoscopic Approach, New Technology Group 10
XRH80FA*	Insertion of Pedicle Based Carbon/PEEK Spinal Stabilization Device into 8 or more Thoracic Vertebral Joints, Open Approach, New Technology Group 10
XRH83FA*	Insertion of Pedicle Based Carbon/PEEK Spinal Stabilization Device into 8 or more Thoracic Vertebral Joints, Percutaneous Approach, New Technology Group 10
XRH84FA*	Insertion of Pedicle Based Carbon/PEEK Spinal Stabilization Device into 8 or more Thoracic Vertebral Joints, Percutaneous Endoscopic Approach, New Technology Group 10

New MCC's
Table 6I.1

TABLE 6I.1 - ADDITIONS TO THE MCC LIST	
Diagnosis Code	Description
I26.03	Cement embolism of pulmonary artery with acute cor pulmonale
I26.04	Fat embolism of pulmonary artery with acute cor pulmonale
I26.95	Cement embolism of pulmonary artery without acute cor pulmonale
I26.96	Fat embolism of pulmonary artery without acute cor pulmonale

Housing Inadequacy and Instability (CC)

Z59.10 Inadequate housing, unspecified
Z59.11 **Inadequate housing environmental temperature**
Z59.12 Inadequate housing utilities
Z59.19 Other inadequate housing
Z59.811 Housing instability, housed, with risk of homelessness
Z59.812 Housing instability, housed, homelessness in past 12 months
Z59.819 Housing instability, housed unspecified

New Measures

Electronic Clinical Quality Measures (eCQMs):	Claims-Based Measure:	Structural Measures:	Healthcare-Associated Infection (HAI) Measures:
• **Hospital Harm – Falls with Injury** and **Hospital Harm – Postoperative Respiratory Failure** will be included in the eCQM set starting with the CY 2026 reporting period for FY 2028 payment determination.	• **Thirty-day Risk-Standardized Death Rate among Surgical Inpatients with Complications** will start impacting payment with the FY 2027 determination, based on reporting from July 2023 to June 2025.	• **Patient Safety Structural Measure** and **Age-Friendly Structural Measure** will begin with the CY 2025 reporting period affecting FY 2027 payment determination.	• **Catheter-Associated Urinary Tract Infection** and **Central Line-Associated Bloodstream Infection** measures will be stratified for oncology locations beginning with the CY 2026 reporting period for FY 2028 payment determination.

Removal of Measures

- CMS is removing five measures, including four payment measures related to 30-day episodes of care for conditions like Acute Myocardial Infarction, Heart Failure, Pneumonia, and Elective Primary Total Hip or Knee Arthroplasty, starting with the FY 2026 payment determination. The **CMS PSI-04 Death Among Surgical Inpatients with Serious Treatable Complications** measure will also be removed starting FY 2027.

Increase in eCQM Reporting Requirements

- For the CY 2026 reporting period, hospitals will need to report eight total eCQMs, increasing to nine for CY 2027 and eleven by CY 2028. This gradual increase reflects CMS's efforts to enhance data collection for quality improvement.

New Scoring for eCQM Data Validation:

- Starting with CY 2025 discharges, eCQM data validation will impact the FY 2028 payment determination.

Today's Panelists

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Questions and CEU Information

- Feel free drop questions into the chat!
- You can also email info@acdis.org to ask the ACDIS team questions.
- Listeners are eligible for one ACDIS CCDS/CCDS-O CEU for attending today's call. The CEU evaluation form can be accessed at:
- https://app.keysurvey.com/f/41707263/1ae2/