Coding for ICD-10-CM: Utilization of the Seventh Character

Wednesday, March 25, 2015
12:00 – 1:15 pm CST

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Faculty

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Objectives

• Review the 2015 revisions to the *Official Guidelines for Coding and Reporting* on the use of the 7th character
• Apply the 7th characters for initial treatment, subsequent treatment and sequela for injuries and complications of care
• Identify examples of “active treatment” in relation to the application of 7th characters
• Understand the impact and concepts associated with “new physician” in the application of the 7th characters for initial treatment, subsequent treatment and sequela.

Nelly Leon-Chisen, RHIA
Director, Coding and Classification
What Were the Challenges?

• “New” physician vs. Active treatment
• Complication codes
• Application of 7th character for External Causes of Morbidity Codes

Solution

• Changes to the *Official Guidelines for Coding and Reporting*
• Extensive examples published in *Coding Clinic for ICD-10-CM and ICD-10-PCS* First Quarter 2015
  – Developed from actual questions received by the AHA Central Office
  – Case scenarios submitted by *Coding Clinic* Editorial Advisory Board (EAB) members
Chapter 15: Pregnancy, Childbirth and the Puerperium

- 7th characters identify the specific fetus affected by the condition for certain categories (O31, O32, O33.3 - O33.6, O35, O36, O40, O41, O60.1, O60.2, O64, and O69).
- Assign 7th character “0”:
  - For single gestations
  - When the documentation in the record is insufficient to determine the fetus affected and it is not possible to obtain clarification.
  - When it is not possible to clinically determine which fetus is affected.

Chapter 19: Injury, Poisoning and Certain Other Consequences of External Causes

- Most categories have a 7th character requirement
  - Episode of care: initial, subsequent or sequela
  - Fractures have additional 7th characters
    - Types of fractures and healing status for fractures
    - Open vs. closed
    - Gustilo classification
    - Routine healing, delayed healing, nonunion or malunion
Chapter 20: External Causes of Morbidity

• 7th characters provide specific information about the episode of care
  – Initial, subsequent, sequela

Guideline Revision: New Provider vs. Active Treatment

• While the patient may be seen by a new or different provider over the course of treatment for an injury, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.
Guideline Revision: 7th Character for Complication Codes

• For complication codes, active treatment refers to treatment for the condition described by the code, even though it may be related to an earlier precipitating problem.

Guideline Change: Initial Encounter

• 7th character “A”, initial encounter is used while the patient is receiving active treatment for the condition.

• Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and continuing treatment by a new the same or a different physician.
**Guideline Change:**
**Subsequent Encounter**

- 7th character “D” subsequent encounter is used for encounters after the patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase. Examples of subsequent care are: cast change or removal, **an x-ray to check healing status of fracture**, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.

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**Guideline Remained Same:**
**Aftercare Z Codes**

- The aftercare Z codes should not be used for aftercare for conditions such as injuries or poisonings, where 7th characters are provided to identify subsequent care.
- For example, for aftercare of an injury, assign the acute injury code with the 7th character “D” (subsequent encounter).
Guideline Remained Same: Sequela

- 7th character “S”, sequela, is for use for complications or conditions that arise as a direct result of a condition, such as scar formation after a burn. The scars are sequelae of the burn.
- When using 7th character “S”, it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself. The “S” is added only to the injury code, not the sequela code.
- The 7th character “S” identifies the injury responsible for the sequela. The specific type of sequela (e.g. scar) is sequenced first, followed by the injury code.

Chapter 20
New Guideline

- Most categories in chapter 20 have a 7th character requirement for each applicable code.
- Most categories in this chapter have three 7th character values: A, initial encounter, D, subsequent encounter and S, sequela.
- While the patient may be seen by a new or different provider over the course of treatment for an injury or condition, assignment of the 7th character for the external cause should match the 7th character of the code assigned for the associated injury or condition for the encounter.
Documentation for 7th Encounter

- Documentation for current encounter
  - Diagnoses current and relevant
  - Key to code selection is based on active treatment
- Documentation from previous encounter
  - May NOT be used to determine 7th character
  - May NOT be used to determine specific injury

Gretchen Young-Charles, RHIA
Senior Coding Consultant
SCENARIO #1:

- Patient presents to ED
- Lacerations to face (nose, scalp, cheek)
- ED physician cleaned wound, removed glass from scalp and sutured scalp and right cheek
- Appointment with pediatrician

SCENARIO #1, (cont’d)

- S01.02XA, Scalp laceration with foreign body, initial encounter
- S01.411A, Laceration right cheek, initial encounter
- S01.21XA, Laceration of nose, initial encounter
- V43.61XA, Car passenger injured in collision, initial encounter

*Coding Clinic First Quarter 2015, p 5*
SCENARIO #2

• Same patient
• Returns three days later
• Wounds checked
  – Healing
  – No intervention required

SCENARIO #2, (cont’d)

• S01.02XD, Scalp laceration with foreign body, subsequent encounter
• S01.411D, Laceration right cheek, subsequent encounter
• S01.21XD, Laceration of nose, subsequent encounter
• V43.61XD, Car passenger injured in collision, subsequent encounter

*Coding Clinic* First Quarter 2015, p 6
SCENARIO #3

• Same patient
• Suture removal
  – Code Z48.02, Encounter for removal of sutures
• What happens with nose laceration?

SCENARIO #3, (cont’d)

• S01.02XD, Scalp laceration with foreign body, subsequent encounter
• S01.411D, Laceration of right cheek, subsequent encounter
• V43.61XD, Car passenger injured in collision, subsequent encounter
• No code for nose laceration

*Coding Clinic* First Quarter 2015, pp 6-7
SCENARIO #4

- Painful right elbow with limited use of arm
- Patient rough housing with brother
  – Twisted elbow
- Diagnosis: Nursemaid’s elbow

SCENARIO #4, (cont’d)

- S53.031A, Nursemaid’s elbow, initial encounter
- W50.2XXA, Accidental twist by another person, initial encounter
- Y93.83, Rough housing and horseplay

*Coding Clinic* First Quarter 2015, pp 7-8
SCENARIO #5

• Same patient
  – Follow-up visit
    • Position is normal
      – Aftercare or follow up

SCENARIO #5, (cont’d)

• S53.031D, Nursemaid’s elbow, subsequent encounter
• W50.2XXD, Accidental twist by another person, subsequent encounter
• No activity code
• Why not code Z47.89 or Z09?

*Coding Clinic First Quarter 2015, p 8*
SCENARIO #6

• Nondisplaced oblique fracture of right tibia
• Tripped playing lacrosse
• Fracture stabilized in ER
• Referred for follow-up care

SCENARIO #6, (cont’d)

• S82.234A, Nondisplaced oblique fracture of right tibia, initial encounter
• W03.XXXA, Fall on same level in collision with another person, initial encounter
• Y93.65, Activity, lacrosse

Coding Clinic First Quarter 2015, pp 8-9
SCENARIO #7

• Same patient
  – Orthopedic surgeon for treatment
  – Ongoing care
  – Return for follow-up in three weeks

SCENARIO #7, (cont’d)

• S82.234A, Nondisplaced oblique fracture of right tibia, initial encounter
• W03.XXXA, Fall on same level in collision with another person, initial encounter

*Coding Clinic First Quarter 2015, p.9*
SCENARIO #8

• Same patient
  – Returns to orthopedist
  – Routine healing
  – Cast change needed
  – Return three weeks
    • Moving

SCENARIO #8, (cont’d)

• S82.234D, Nondisplaced oblique fracture of right tibia, subsequent encounter
• W03.XXXD, Fall on same level in collision with another person, subsequent encounter

*Coding Clinic* First Quarter 2015, pp 9-10
SCENARIO #9

• Same patient
  – New orthopedist in another state
  – X-rays
  – Fracture almost completely healed
  – Return for cast removal

SCENARIO #9, (cont’d)

• S82.234D, Nondisplaced oblique fracture of right tibia, subsequent encounter

  Coding Clinic First Quarter 2015, p 10
SCENARIO #10

• Delayed splenic rupture
• Grade 3 splenic laceration
• Perisplenic hematoma

SCENARIO #10, (cont’d)

• S36.031A, Moderate laceration of spleen, initial encounter
• S36.029A, Unspecified contusion of spleen, initial encounter
• V49.9XXA, Car occupant injured in traffic accident, initial encounter
SCENARIO #11

• Fall while skiing
• Right frontal intracranial hemorrhage
• Transferred to rehab
  – Found unresponsive
  – Back to ICU
  – Worsening intracerebral hemorrhage w/edema

SCENARIO #11, (cont’d)

• S06.340A, Traumatic hemorrhage of cerebrum, initial encounter
• S06.1X0A, Traumatic cerebral edema, initial encounter
• V00.321A, Fall from skis, initial encounter
SCENARIO #12

• Patient treated for fracture
• Seen by different physician in same group
  – Ongoing treatment
• Are both encounters assigned 7th character “A” for initial encounter?
  – Yes
  – Provider does not affect code assignment

Coding Clinic First Quarter 2015, p 13

SCENARIO #13

• Healed fracture s/p treatment four months ago
• New provider for f/u visit
• Seventh character
  – Subsequent encounter
  – No longer receiving active treatment
  – Provider does not affect code assignment

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Applying the 7th Character for Continued Treatment in Other Care Settings

• Patients may be transferred to a Rehabilitation facility following:
  – Joint replacement surgery
  – Surgical fracture treatment
• Patients may be transferred to a long term care hospital (LTCH) due to:
  – Ventilator dependency
  – Continued intravenous (IV) medication
  – Wound care
  – Continued monitoring of significant medically active conditions, etc.
Applying the 7th Character for Continued Treatment in Other Care Settings, (cont’d)

• If care is being provided for injuries or complications of surgical/medical care, 7th character selection is based on what is being done.
• The fact that the patient is new to the physician is not relevant in determining the 7th character.
• The key to selecting the 7th character “A” initial encounter is whether active treatment is being rendered.
  – Active treatment can be performed in stages.
  – Active treatment may involve multiple episodes of care for fracture/injury or complications of medical/surgical care.
  – Active treatment may involve more than one physician treating the patient.
  – Active treatment can include evaluation and treatment by a new physician.

SCENARIO #14

• Patient with chronic renal failure s/p removal of infected AV graft was transferred to a LTCH for intravenous (IV) Vancomycin.
• The reason for the transfer is continued treatment of the graft infection.
  – Assign code T82.7XXA, Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter, as the principal diagnosis.

Coding Clinic First Quarter 2015, pp 19-20
SCENARIO #15

• Patient admitted to a long term care hospital (LTCH) following an acute care hospitalization due to abdominal wound dehiscence following failed gastric bypass surgery.

• At the LTCH, the wound dehiscence received continued management and treatment.
  
  – Assign code T81.31XA, Disruption of external operation (surgical) wound, not elsewhere classified, initial encounter, as the principal diagnosis.

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Applying the 7th Character for Continued Treatment in Other Care Settings, (cont’d)

• Care provided in Rehabilitation facilities focus on returning patients to their normal functional status before the illness or injury occurred.

• Rehab services may involve:
  – Occupational therapy
  – Physical therapy
  – Pain management

• In terms of 7th character selection, rehabilitative services are not considered active treatment.
  – In the rehab setting active treatment has been completed.
  – Report rehab admissions with the appropriate 7th character “D” subsequent encounter, unless a sequela is being treated.
SCENARIO #16

• Patient who is status post treatment of multiple fractures currently in the healing phase, is transferred to a rehabilitation facility, where he is being covered by a new physician.

  – Key to selecting the 7th character for “initial encounter” is whether active treatment is being done.
  – The fact that the patient is new to the physician is not relevant.
  – Rehabilitative services are not considered active treatment.

  *Coding Clinic First Quarter 2015, p 21*

SCENARIO #17

• Patient was previously treated for fracture and presents two weeks later for cast wedging to obtain better positioning.

  – Cast wedging does not represent active treatment.

  *Coding Clinic First Quarter 2015, p 14*
Staged Arthroplasty
Applying 7th Character

• Infected prosthetic joint replacements are frequently treated using a staged approach.
  – First the infected prosthetic joint is removed.
  – An articulating antibiotic cement spacer is placed.
  – Intravenous (IV) antibiotics are administered for several weeks.
  – New prosthetic joint is inserted and cement spacer is removed after the infection is cleared.

SCENARIO #18

• Patient with left infected hip underwent removal of infected prosthesis, insertion of a cement spacer, and received IV antibiotics for six weeks.
• After the infection cleared, the patient was readmitted and underwent removal of antibiotic spacer with insertion of a new joint prosthesis.
SCENARIO #18, (cont’d)

• First Admission
  – Assign code T84.52XA, Infection and inflammatory reaction due to internal left hip prosthesis, initial encounter, as the principal diagnosis.
  – Code Z96.642, Presence of left artificial hip joint, is assigned as an additional diagnosis.

• Second Admission
  – Assign code Z47.32, Aftercare following explantation of hip joint prosthesis, as the principal diagnosis.

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Staged Arthroplasty
Applying 7th Character, (cont’d)

• For admissions involving staged procedures for joint prosthesis insertion following a prior explantation of the prosthesis, code Z47.32, Aftercare following explantation of hip joint prosthesis, is assigned.
  – These cases involve a medical need to remove an existing joint prosthesis (e.g., due to infection or other problem).
  – It was not possible to replace the prosthesis during the initial episode of care.

• Code T84.52X- is not appropriate for the second admission since the infected joint prosthesis had been previously removed.
Polling Question

A patient with a healed fracture without complication, who is status post fracture treatment four months ago, is seen by a new provider for the first time for a follow-up visit.

The visit to the new provider is assigned the 7th character “A” for initial encounter.

Possible Answers

A. True
(The patient is being seen by a new provider)

B. False
(“D” is the appropriate 7th character for this subsequent encounter during the healing phase.)
7th Character Examples of Sequela

• When using 7th character “S”, it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself.
• The “S” is added only to the injury code, not the sequela code.
• The 7th character “S” identifies the injury responsible for the sequela.
• The specific type of sequela (e.g. scar) is sequenced first, followed by the injury code.

SCENARIO #19

• Patient is admitted to long-term acute care for chronic respiratory failure and ventilator dependency after an acute admission for treatment of an accidental drug overdose.
  – Assign code J96.10, Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia, as the principal diagnosis
  – Assign secondary codes
  – T50.901S, Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), sequela
  – Z99.11, Dependence on respiratory [ventilator] status
SCENARIO #20

• Patient presents for release of skin contracture due to third degree burns of the right hand that occurred due to a house fire five years ago.
  – Assign code L90.5, Scar conditions and fibrosis of skin, as the principal diagnosis.

• Assign secondary codes
  – T23.301S, Burn of third degree of right hand, unspecified site, sequela
  – X00.0XXS, Exposure to flames in uncontrolled fire in building or structure, sequela

SCENARIO #21

• Patient who is status post open fracture of left femur secondary to an accidental gunshot wound 18 months ago, is admitted secondary to “Traumatic arthritis of hip due to femur fracture.”
  – Assign code M12.552, Traumatic arthropathy, left hip, as the principal diagnosis.

• Assign secondary codes
  – S72.002S, Fracture of unspecified part of neck of left femur, sequela
  – W34.00XS, Accidental discharge from other and unspecified firearms or gun, sequela
SCENARIO #22

• Patient is status post third degree burns of the left external ear, which occurred while smoking in bed one year ago. The burns have healed; however the patient presented with “auricular chondritis due to *Pseudomonas aeruginosa*.”
  – Assign code H61.032, Chondritis of left external ear, as the principal diagnosis.

• Assign secondary codes
  – T20.312S, Burn of third degree of left ear [any part, except ear drum], sequela
  – B96.5, Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of disease classified elsewhere
  – X08.01XS, Exposure to bed fire due to burning cigarette, sequela

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Please be sure to read the FAQ section to find out what types of questions we can and cannot answer.

Changes to AHA Coding Clinic
The paper version of the AHA Coding Clinic for ICD-10-CM/ICD-10-PCS and HCPCS will be phased out at the end of 2015. Look for more information in the coming months as we announce new ways to access these great resources.
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Thank you for your interest and participation.

<br>
Nelly Leon-Chisen, RHIA
Program Chairperson
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AHA Central Office

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Coding for ICD-10-CM: Utilization of the Seventh Character

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