AUDIT DISCUSSION CASES

THE TOP 5 CODING ERRORS, WA TEACHING HOSPITALS, 2007-2012

CLINICAL CODING ADVISORY GROUP WA
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Answers are provided at the end.

Code the following scenarios:

1) A middle-aged man is admitted shortly after midnight, via ED, with a blood alcohol level (BAL) of 0.37.
   - He is admitted to the short stay unit for neuro-observations and review by Alcohol and Drug team when sober.
   - The ED diagnosis is ‘alcohol intoxication’ past medical history: chronic alcohol dependence.
   - In the morning he is reviewed and offered an admission for the next step program (detox).
   - He declines this admission and is discharged the same morning. (LOS = same day stay).

   **Discharge summary:** alcohol dependence

2) A young man was brought to ED with head injury – no LOC, bruised face and forehead laceration.
   - The latter was steri-stripped but did not require sutures
   - He was placed on neurological observations and had a CT scan to rule out intracranial haemorrhage.
   - He was discharged with Head Injury advice sheet and instructed to return to ED if worried or if further symptoms emerged.

   **Discharge Summary:** injury + bruise – face, forehead

3) The patient presents electively for debridement of amputation stump ulcer.
   - She had a BKA last year, and the stump is now ulcerated.
   - Uneventful debridement in theatre, under IV sedation, ASA 3.
   - Home the next day.

   **Discharge Summary:** amputation stump ulcer (BKA) for debridement
4. A 65 year old man is admitted with a CVA, CT shows a small, but new, cerebral infarction.
   - He has known hypertension.
   - On admission he is dysphasic and has right upper limb weakness.
   - He receives physiotherapy and speech therapy and OT.
   - Over 5 days he makes a good recovery and is discharged home.

Discharge summary: CVA

5. A 38 year old man is on haemodialysis via vascular catheter.
   - He has CKD stage 5, due to polycystic kidney disease.
   - He now presents electively for creation of AV fistula.
   - This goes ahead successfully under GA ASA 3.
   - It was to be a short admission, all completed in between his dialysis sessions.
   - However post-operatively, the new AVF develops a thrombus in the cephalic vein, and this requires return to theatre for open balloon angioplasty, under IV sedation, ASA 3.
   - He also now needs to be dialysed several times, during this 10 day admission, via his existing vascular catheter.

Discharge summary: ESRF for R) cephalic fistula formation
ANSWERS

(Abbreviations: ACS: Australian Coding Standard
WACS: Western Australia Coding Standard)

1. F10.0 alcohol intoxication
   F10.2 alcohol dependence

ACS 0503 Example 1

“a patient is treated for acute intoxication superimposed on alcohol dependence syndrome. Assign first the code for acute intoxication, F100, with an additional diagnosis code of F102………..”

If the patient had accepted a much longer admission for detoxification, then dependence would have been the correct principal diagnosis.

2. S09.9 closed head injury-no loss of consciousness
   S01.88 laceration forehead
   S00.85 contusion face

ACS 1905 Example 4

“patient admitted with head injury for observation – no LOC. CT scan of head normal. Laceration to occiput (in this case forehead) sutured under LA (in this case steri-stripped, no anaesthetic).” Codes: S099, S0188” (in that order)

If it was not a same day admission for neuro-obs, but rather:

admission for debridement of forehead wound under GA, or
admission for repeat facial x rays after facial swelling reduces,

then the sequencing would be different.
3. T87.6 amputation stump complication-other specified  
   L97 ulcer lower limb  
   Y83.5 surgical operation-amputation as cause-post-op comp.  
   Y922.2 place of occurrence-hospital/health service  
   U73.8 while engaged in other activity  
   Z89.5 below knee amputation status  
   90665-00 debridement skin/subcut tissue  
   92515-39 IV sedation, ASA 3

The condition ‘ulcer’ has been specifically related to a procedure (BKA). Therefore follow ACS 1904- postprocedural complications. Follow the logical steps in order to arrive at the correct code.

Look up the condition: ulcer, postprocedural – no such look up  
Look up the body system (skin – L97):  
   Complications, skin, postprocedural- no such look up  
Look up the procedure:  
   Complications, amputation stump, specified, NEC: T876

Add L97 to show the nature of the complication more specifically (ACS 0027, Q&A Dec 12). 
Add Z895 to complete the diagnostic statement: it is specifically a BKA stump (Z895). 
Add U73.8 (in WA only) in line with WACS 06.

4. I63.9 cerebral infarction  
   G83.2 monoplegia upper limb  
   R47.0 aphasia/dysphasia  
   I10 hypertension  
   95550-03 allied health -physiotherapy  
   95550-02 allied health – occupational therapy  
   95550-05 allied health – speech therapy

In an acute CVA admission all current, non-transient deficits are coded (although sometimes qualified by special criteria- see table, page 126, ACS 0604). 

It is not uncommon for coders to struggle with ‘limb weakness’.  
Left- sided weakness, or right- sided weakness (G819) is never assignable unless exactly so stated, or demonstrably involving the entire side of the body (lower and upper limb on one side). It does not ever apply to one limb (left upper arm alone, right lower leg alone). 

For non-transient weakness of one limb, where that weakness is clearly related to stroke/CVA, the look up via ‘neurological’ is justified, since these are by definition neuro-deficits (ACS 0604) when linked to stroke.

Therefore, weakness, limb, neurological – see monoplegia.  
   - monoplegia, upper limb, G83.2.
5. **N18.5** CKD stage V – end stage  
**Q61.3** polycystic kidney disease  
**T82.8** vascular device/implant/anastomosis; complication of; other specified  
**I82.8** thrombus/thromboembolism; other specified vein  
**Y84.1** kidney dialysis as the cause of abnormal reaction of the patient  
**Y92.22** place of occurrence-hospital/health service  
**U73.8** while engaged in other activity  

34509-01 construction AVF, upper limb, no graft  
92514-39 GA, ASA 3  
35303-07 open angioplasty, for, AVF stenosis correction  
92515-39 IV sedation, ASA 3  
13100-00 haemodialysis  

The most common error is to fail to qualify the nature of the complication. This is specifically a venous thrombus (I828). Addition of a code to show the nature of the complication where such a code adds detail, has always been a feature of ACS 1904. It was often overlooked and so was re-iterated most recently in Q&A Dec 2012. But it has always been mandated with both non-T codes (ACS 1904; examples 9, 10, 11) and T codes (ACS 1904; examples 17, 18, 23). It was independently mandated by ACS 0027, which asked coders to add codes whenever they could be shown to ‘complete the diagnostic statement’ when read back.  

Admission for creation of AV fistula (without treatment) is Z49.0. However this patient goes on to have treatment (13100-00). Therefore Z49.0 gives way to ESRF, as per the summary: N18.5. (see also: Dialysis audit findings, Coding Committee WA, October 2012).  

Underlying cause is always coded when known (ACS 1438, 0001, 0002), therefore code also polycystic disease (Q613).