SUTURES

Cedars-Sinai Medical Center
Department of Surgery
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In This Issue:

- Message Regarding Clinical Research
- Guidelines for Documenting and Coding an “Accidental Puncture or Laceration”
- Insurance Authorizations
- Citizenship and Beyond

MESSAGE REGARDING CLINICAL RESEARCH

Dear Colleagues,

Please remain ever vigilant with your residents, students, and volunteers conducting clinical research under your supervision. The institution is under ever increasing scrutiny regarding the mishandling of Patient Health Information (PHI). As such, please remember that all residents, students, and volunteers should have access to only the PHI that is necessary for the completion of the IRB approved research project. At no time should PHI be stored on personal laptops or similar storage devices.

For more information regarding the CSMC policies regarding this issue, please visit the following links:

1. **Information Classification Policy -- refers to security standards that EIS publishes for handling Confidential-Reportable info; http://cshsppmweb/documents/index.php?docid=3996&mode=view**
2. **Security standard for Telecommuting and Teleworking (addresses laptops) -- http://cshsppmweb/documents/index.php?docid=4774&mode=view**

Should you have any questions or concerns, please do not hesitate to contact me directly at (310) 423-3575

Very Best Regards,

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GUIDELINES FOR DOCUMENTING AND CODING AN "ACCIDENTAL PUNCTURE OR LACERATION"

"Accidental Puncture and Laceration" is a patient safety indicator that is currently being used by the University HealthSystem Consortium to report adverse events for individual member hospitals. Later this year, the Centers for Medicare & Medicaid Services (CMS) will publicly report this measure on its website (hospitalcompare.hhs.gov) for individual hospitals. The indicator rate is calculated by identifying inpatients with ICD-9-CM diagnosis codes for accidental punctures or lacerations in hospital billing data.

Historically, our rates have been very high compared to other hospitals; upon review, it appears our rates are inflated because our Health Information Management coders are using cues from the operative note, like "injury" or "repair" to record the ICD-9-CM diagnoses for accidental punctures or lacerations when, in some cases, the involvement of other organs was actually reasonably necessary to accomplish the surgery.

The following presents important background information and suggestions for dictating the operative note so that our Health Information Management coders do not improperly code accidental punctures or lacerations in the hospital bill.

Definitions and Examples of Accidental Puncture or Laceration

In general, an accidental puncture or laceration should be coded as a complication when it meets the CMS definition of a complication: a "condition, that when present, leads to substantially increased hospital resource use such as intensive monitoring, expensive and technically complex services, and extensive care requiring a greater number of caregivers." Upon review, it appears that in some cases, an injury, tear or repair was reasonably necessary to accomplish the surgery; these cases do not meet the definition of "complication."

Here are examples of two types of accidental puncture or laceration, one that describes a complication and another that describes an unavoidable injury that is not a complication.

Accidental laceration or puncture (complication)
An injury to an organ (e.g., bowel, bladder, liver, diaphragm) or blood vessel that was entirely unintended and was NOT due to an underlying disease process. This definition would be met if a placement of a retractor underneath

the symphysis pubis accidentally enters the bladder. Another example would be use of a cautery device or scissors to dissect a plane that slips and causes injury to underlying bowel.

Non-accidental laceration or puncture (unavoidable injury, not a complication)
An injury to an organ (e.g., bowel, bladder or liver) or blood vessel that was reasonably necessary to complete the operation. For example, extensive adhesiolysis to normalize anatomy in a hysterectomy to access the uterine vasculature results in injury to the bowel that is immediately recognized and repaired. Another example is tumor involvement of the bowel or bladder that requires resection to optimally debulk the tumor that is repaired following resection.

Instructions for Documenting in the Medical Record

Ultimately, you can help the coders by following these guidelines:

1) Document the puncture or laceration in the complication section of the operative note if it was a complication according to the CMS definition and the examples given above.

2) Use clear terminology in your operative note when describing the circumstances involving any lacerations or injuries to organs or blood vessels

   Examples:

   a. If entry into an organ was necessary to complete a procedure, dictate "due to the extensive adhesions between the distal ileum and the uterus, an enterotomy in the ileum was performed to dissect the ileum off of the uterus in order to proceed. The enterotomy was then repaired by..."

   b. If the entry was not intended, document as follows, "there was incidental entry into the ileum that was immediately identified and repaired".

   The first case would not count as a complication, whereas the second would.

3) Describe the consequences of the laceration or injury. Document whether it prolonged the patient's hospital stay, required a blood transfusion or resulted in a return to the OR for a repair. Or alternatively, document that it had no impact on the patient's course of treatment or recovery.

With your assistance, Health Information Management coders will carefully read the note, apply the CMS complication definition and guidelines, and will contact the surgeon to discuss cases where the operative note is not clear for coding purposes.

INSURANCE AUTHORIZATIONS

Recently Pre-admissions has been experiencing delays in obtaining authorizations for scheduled procedures. Many of our insurance companies are no longer willing to expedite requests and issue an authorization on an urgent basis in less than 72 hours. We are experiencing delays in many of our Back, Ortho and Neuro cases. A recent example occurred when an authorization request was submitted by a surgeon's office on Friday for a procedure the following Monday. The insurance company is not available to authorize a case over the weekend.

This causes frustration for our patients when they arrive for their procedures and are notified that their authorizations are still pending. The patient must to agree to have the procedure as a self pay patient or reschedule for a later date when the authorization issue is resolved.

Please share this information with your office employees and let us know if we can provide any additional information.

CITIZENSHIP AND BEYOND

Department of Surgery Research Scientist V. Krishnan Ramanujan, PhD has been selected as an Editorial Board member of an international, open-access journal, Journal of Cell Science and Therapy that focuses on centralizing information on both the biology of cell and the applied use of cell technology to generate a better understanding of the many facts needed to develop a successful cell and the therapy for various mutations taking place in it.
http://www.omicsonline.org/jcelscihome.php

Items for submission to Sutures may be sent to Meg Jenkins at jenkinsml@cshs.org

The next SUTURES will be Wednesday, August 18, 2010.