



# ACDIS Kentucky-Southern Indiana Chapter Newsletter – May/June 2021

By collaborating with Medovent Solutions early this year, our local chapter has had access to continued education presented by leading experts in the CDI industry from all across our nation. We are excited to be co-hosting, Allen Frady this Friday, May 7, 2021, alongside our own local KHIMA (Kentucky Health Information Management Associate chapter. In our recent poll to determine who would be interested in attending an on-site regional conference, 12 members stated they would plan attending and 6 were in the maybe category. The leadership team is currently trying to secure a location in the Lexington area to hold our 2021 regional conference, and Medovent Solutions has offered to come on-site to help us host the event. If you have a suggested location or venue that we should check out, please email the information to us as soon as possible. Would you like to help us plan the conference or present, please reach out to your officers as soon as possible. Perhaps you might want to provide a lunch and learn education for our members or know someone that would want to present in the upcoming months, please let us know.

## Upcoming Events:

May 27 <sup>th</sup> 12:00 PM – 1:00 PM EDT	“Coming Off the Inpatient Only List,” presented by Allen Frady BSN, CCDS, CCS, CRC <a href="https://attendee.gotowebinar.com/register/2641969625899072013">https://attendee.gotowebinar.com/register/2641969625899072013</a>
May 20, 2021	ACDIS Quarterly Conference Call
October 25-28 <sup>th</sup>	2021 ACDIS Conference, Dallas, Tx
November 2021	Regional Conference

## Other Local Chapters Upcoming Meetings:

- The **Wisconsin** ACDIS chapter meets Wednesday, May 5, 3 p.m., via webinar. The presentation is titled “Complications of Care.” For information, contact Laura Stuber ([lstuber@gundersenhealth.org](mailto:lstuber@gundersenhealth.org)).
- The **CDI Educators** networking group and **Arizona** ACDIS chapter meet Friday, May 7, 12-1:15 p.m., via webinar for a lunch-and-learn event. information, contact Sydni Johnson ([Sydni.Johnson@bannerhealth.com](mailto:Sydni.Johnson@bannerhealth.com)) or Coral Fernandez ([Coral.Fernandez@BHSI.COM](mailto:Coral.Fernandez@BHSI.COM)).
- The **Michigan** ACDIS chapter meets Thursday, May 13, 12 p.m., via webinar on the topic of OIG malnutrition audits and COVID-19 CDI and coding updates. For information, contact Susan Fantin ([Susan.Fantin@mclaren.org](mailto:Susan.Fantin@mclaren.org)).

## Our Financial Structure:

Currently, we have 32 paid chapter members and have collected \$320.00 in dues between Jan 2021-April 2021. If you need an invoice and have not received one, please reach out! Our current balance is approximately \$7,500.00. We have had no expenses so far this year.

## Coding Corner:

### Toxic metabolic encephalopathy and hepatic encephalopathy

ICD-10-CM/PCS Coding Clinic, **First Quarter ICD-10 2021** Page: 13 Effective with discharges: March 10, 2021

#### **Question:**

A 70-year-old patient with a history of nonalcoholic steatohepatitis (NASH) cirrhosis complicated by hepatic encephalopathy and diabetes presented to the emergency department (ED) secondary to altered mental status. The patient was admitted for a full work-up and was diagnosed with toxic metabolic encephalopathy (TME) secondary to acute on chronic hepatic encephalopathy. Is it appropriate to separately report TME when due to hepatic encephalopathy? Would TME be considered inherent to hepatic encephalopathy? How should toxic metabolic encephalopathy due to acute on chronic hepatic encephalopathy be coded?

#### **Answer:**

Assign codes K72.00, Acute and subacute hepatic failure without coma, K72.10, Chronic hepatic failure, without coma, and G92, Toxic encephalopathy, for toxic metabolic encephalopathy due to acute on chronic hepatic encephalopathy. Code G92 is assigned separately to specifically capture the toxic metabolic encephalopathy. All three codes are needed to capture the patient's diagnoses.

- Hepatic encephalopathy is a result of liver disease. When your liver isn't functioning properly, the toxins that your liver usually removes from your body are instead allowed to build up in your blood and can eventually reach your brain.
- Toxic-metabolic encephalopathy is a result of infections, toxins, or organ failure. When the electrolytes, hormones, or other chemicals in the body are off their normal balance, they can impact the brain's function. This can also include the presence of an infection in the body or presence of toxic chemicals. The encephalopathy usually resolves when the underlying chemical imbalance is restored, or offending infection/toxin removed.

<https://www.healthline.com/health/hepatic-encephalopathy#:~:text=Toxic%2Dmetabolic%20encephalopathy%20is%20a,or%20presence%20of%20toxic%20chemicals>

## Look at us grow:

[www.linkedin.com/company/kysinacdis](http://www.linkedin.com/company/kysinacdis)

## PSI's On My Mind:

### Patient Safety Indicator 15 (PSI 15) *Abdominopelvic* Accidental Puncture or Laceration Rate

**Abdominopelvic Accidental Puncture or Laceration with second abdominopelvic procedure follows one or more days after index abdominopelvic procedure**

### Exclusions

**Principal** ICD-10-CM diagnosis coder for accidental puncture or laceration during a procedure

Secondary diagnosis code for accidental puncture or laceration during a procedure-**present on admission**

MCD 14 (Pregnancy, Childbirth, and puerperium)

[https://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2020/TechSpecs/PSI\\_15\\_Abdomi\\_nopelvic\\_Accidental\\_Puncture\\_or\\_Laceration\\_Rate.pdf](https://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2020/TechSpecs/PSI_15_Abdomi_nopelvic_Accidental_Puncture_or_Laceration_Rate.pdf)

### Risk adjustment diagnosis

Deficiency anemias	Rheumatoid arthritis/collagen vas	Chronic blood loss anemia
Congestive heart failure	Chronic pulmonary disease	Coagulopathy
Depression	Diabetes w/ complications	Diabetes w/o complications
Hypertension	Hypothyroidism	Fluid/Electrolyte disorders
Metastatic cancer	Neurological disease	Obesity
Paralysis	Peripheral vascular disease	Psychoses
Pulmonary circulation disease	Renal failure	Solid tumor w/o mets
Peptic ulcer disease x bleeding	Valvular disease	Weight loss
<b>Deleted risk adjustment diagnosis:</b> Liver disease, Alcohol abuse		

[https://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2020/Parameter\\_Estimates\\_PSI\\_v2020.pdf](https://www.qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2020/Parameter_Estimates_PSI_v2020.pdf)

### CDI Considerations

*Does the patient have adhesions in the area of puncture/laceration?*

If so, review for a query to see if integral to the procedure secondary to the adhesions.

This would exclude the PSI 15

## Hot Topics:

### News: COVID-positive STEMI patients represent a high-risk group

April 22, 2021

#### [CDI Strategies](#) - Volume 15, Issue 16

ST-segment elevation myocardial infarction (STEMI) patients who are COVID-19 positive “represent a high-risk group of patients with unique demographic and clinical characteristics,” according to a study published in the *Journal of the American College of Cardiology*.

Out of a study of 1,185 patients from the North American COVID-19 and STEMI (NACMI) registry, 230 were COVID-19 positive, 495 were persons under investigation (PUI), and 460 were control patients. COVID-19 positive patients were more likely to be a [minority ethnicity](#) with 23% Hispanic and 24% Black, as well as have a higher prevalence of [diabetes mellitus](#) (46%).

The study found that while [COVID-19](#) positive patients were more likely to present with cardiogenic shock (18%), they were less likely to receive invasive angiography than control patients. Among the COVID-19 positive patients who received angiography, 71% received primary percutaneous coronary intervention (PPCI) and 20% received medical therapy.

The primary outcome—a composite of in-hospital death, stroke, recurrent MI, or repeat unplanned revascularization—occurred in 36% of COVID-19 positive patients in the study, 13% of PUIs, and 5% of control patients.

The study concludes that COVID-19 positive patients with STEMI represent a high-risk group, but also that PPCI is feasible and remains the predominant reperfusion strategy.

**Editor’s note:** The *Journal of the American College of Cardiology* published study can be found [here](#). Other ACDIS coverage of COVID-19 news stories can be found [here](#).

## EDUCATION CORNER

ACDIS CDI Scholarship Program 2020  
<http://acdis.org/acdis-cid-scholarship>



ACDIS Podcast: Talking CDI  
Every Wednesday @ 11:30 am EST.  
Register: <https://acdis.org/acdis-podcast>

CCDS Certification  
<https://acdis.org/certification/ccds/about>



Would you like a discount on national membership fees? To obtain this discount, local chapter members must complete the online membership roster on a regular basis. [Online ACDIS local chapter roster Survey \(surveymonkey.com\)](#)

## Speak up:

Please send any personal information updates to us as needed to keep our roster up to date. If you would like a copy of our membership roster, please send us a request to obtain a copy.

Do you know anyone interested in becoming a member of our local chapter? If so, please send us their contact information. We would be happy to reach out to them.

Would you like to add information in the newsletter? Please email your submissions to:

[lisa.fuller@bhsi.com](mailto:lisa.fuller@bhsi.com)

## Member spotlight:

It would wonderful to get to know our chapter members. Please share a little bit about yourself here in our newsletter. Where are you from, how long have you been in the CDI industry, tell us about your family and/or pets, favorite hobbies or vacation spots? Pictures welcomed as well.

## Officers:

Lisa Fuller, President

[Lisa.Fuller@bhsi.com](mailto:Lisa.Fuller@bhsi.com)

Lori Ganote, Vice President

[Lori.Ganote@bhsi.com](mailto:Lori.Ganote@bhsi.com)

Ashley Comiskey, Treasurer

[Ashley.Comiskey@bhsi.com](mailto:Ashley.Comiskey@bhsi.com)

Christel Hubbard, Secretary

[christel.hubbard@bhsi.com](mailto:christel.hubbard@bhsi.com)

