

## Q&A: Coding for cardiac catheterization

December 1, 2022

CDI Strategies - Volume 16, Issue 53

**Q: What does cardiac catheterization surgery entail and how is this procedure reported in ICD-10-PCS?**



**A:** A cardiac catheterization involves insertion of a long, thin tube called a catheter into an artery or vein in the groin, neck, or arm, and threading through the blood vessels into the heart. This procedure is used to examine how well the heart is functioning and may be performed on the right, left, or bilateral ventricles.

The table for cardiac catheterization is in the Measurement and Monitoring section of ICD-10-PCS. If you look up "cardiac catheterization" in the Alphabetic Index, and locate the sub-term "heart," you will be directed to this table.

To build this code, the Section is character 4 (Measurement and Monitoring). The body system character is A (physiological systems) and the root operation is Measurement (character 0): determining the level of a physiological or physical function at a point in time.

The body part value is 2 (cardiac), the approach is typically percutaneous, but can also be open or via at natural or artificial opening (characters 0, 3, 7, or 8). The sixth character identifies the function, which is sampling and pressure. The qualifier identifies whether the procedure is a right, left, or bilateral cardiac catheterization.

Examples of ICD-10-PCS codes used to report this procedure are:

- 4A023N6, Measurement of cardiac sampling and pressure, right heart, percutaneous approach
- 4A023N7, Measurement of cardiac sampling and pressure, left heart, percutaneous approach
- 4A023N8, Measurement of cardiac sampling and pressure, bilateral, percutaneous approach

**Editor's note:** This article originally appeared in [JustCoding](#). This question was answered by Adrienne Commeree, RHIA, CPC, CPMA, CCS, CEMC, CPIP, a professor at Tacoma Community College, during the HCPro webinar, "Overcome ICD-10-CM/PCS Cardiovascular Coding Challenges." This answer was provided based on limited information submitted to JustCoding. Be sure to review all documentation specific to your own individual scenario before determining appropriate code assignment

**Found in Categories:**

[Ask ACDIS, Clinical & Coding](#)

## Announcements:

- Please remember to fill out the Arizona ACDIS Chapter online membership roster by [clicking here](#).
- **Chapter Leadership-** we will be looking for a chapter cochair to start training in mid-2023. Please reach out to any of the current AzACDIS cochairs if you are interested.

## Upcoming Events:

- AzACDIS Lunch and Learn: Transforming the CDI Audit on **December 16<sup>th</sup>**  
**12pm - 1:15pm**

## AzACDIS Cochairs:

- Sydni Johnson  
[Sydni.Johnson@BannerHealth.com](mailto:Sydni.Johnson@BannerHealth.com)
- Denise Deter  
[Denise.Deter@valleywisehealth.org](mailto:Denise.Deter@valleywisehealth.org)
- Denice Piwowar  
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## AzACDIS Meet a Member



AzACDIS Meet a Member

Debi Lundberg, MSN, MHA, RN

Banner University Medical Center Tucson CDI

I was born and raised in California, where I met my husband of nearly 35 years. We moved to Lake Havasu City, AZ in 2001 with our son and daughter, and when our children decided to stay in Tucson after graduating from the University of Arizona, we relocated there in 2012.

When our children were young, I decided to go back to school to pursue my lifelong dream of becoming a nurse. Many years and degrees later, I decided it was time to start enjoying life and time with family. My husband and I love to travel, but this has recently taken a backseat as our daughter blessed us with a grandson in 2020 and a granddaughter is expected in March of next year.

I have been fortunate to grow my nursing experience in roles such as med/surg/tele, surgery, wound care, clinical IT, education, administration, etc., but my passion was in hospice and quality/compliance. I found quality/compliance fascinating, and CDI was the best of both worlds...combining nursing experience and that investigative type nursing. I have been a CDI for over four years and work for a wonderful organization with amazing leaders and educators. Having this support allows you to constantly grow your knowledge base, strive to be better, and do more.

Favorite restaurant: Vince's Spaghetti (Ontario, California)

Favorite food: Mexican

Favorite movie: Somewhere in Time

Favorite TV show: 1883, Yellowstone

Favorite color: Pink

Favorite Actor(s): Sam Elliott



## Q&A: Sepsis with history of CAUTI

November 17, 2022

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**Question:** *When the patient is admitted with a diagnosis of sepsis, and the history describes a urinary tract infection related to a foley catheter, with documentation also indicating pancreatic cancer, anemia, and dehydration, "History describes a urinary tract infection related to a foley catheter," I took that as in the past, not a current condition, I would think you'd have to query, since the patient has a history of UTI related to foley. How can the correct principal diagnosis be catheter-associated UTI?*

**A:** This is a great question. There are a few different issues that need to be addressed to understand how to sequence this scenario. Although this may seem like splitting hairs, the statement "History describes a UTI related to a foley" is not the same as the patient has a past medical history of a condition. Additionally, this scenario states that the patient was admitted with sepsis. This would indicate that the patient has an infectious source. As always, I would advise that if there were a question on whether the CAUTI is a current condition vs. a past history of a condition, query the provider.

Now that we have established the CAUTI and sepsis as current conditions, the sequencing of the CAUTI and Sepsis needs to be addressed. The first step is whether a cause-and-effect relationship has been established, the second is the present on admission (POA) status, and the third is the sequencing of the conditions.

A urinary tract infection **related to** a foley catheter is considered a complication of a device, as a cause-and-effect relationship has been established ("related to" is language that is considered to establish a cause-and-effect relationship). Per the *Coding Clinic*, and now as part of the coding guidelines for FY 2023, "There must be a cause-and-effect relationship between the care provided and the condition, and the documentation must support that the condition is clinically significant. It is not necessary for the provider to explicitly document the term 'complication.'" (I.B.16, pg. 16).

So, the cause-and-effect relationship in this scenario has been established. If the documentation stated, "UTI with Foley," a query would need to be sent to the provider to establish a cause-and-effect relationship as the term "with" in this scenario does not establish a cause-and-effect relationship.

Sequencing guidance comes from the coding guidelines as well: "If a causal condition is known, then the code for that condition should be sequenced as the principal or first-listed diagnosis." In other words, the complication codes first even when sepsis is present. The complication would also need to be present on admission in order to sequence the condition as the principal diagnosis and select POA-Y.

In the index, the sequence is as follows: for [Catheter-Associated Urinary Tract Infection] CAUTI Complication->catheter->urethral->indwelling->infection and inflammation->T83.511A. This is the code you would sequence as the principal diagnosis, with sepsis as the secondary diagnosis.

However, as we know, there is almost always an exception to every rule in coding. If the patient has more than one source of infection, when an infection due to a device, implant or graft is present, *Coding Clinic* for ICD-10-CM/PCS, Third Quarter 2019: page 17, Sepsis due to Multiple Possible Causes, instructs: "When determining the principal diagnosis for a patient with multifactorial sepsis, the principal diagnosis is the condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care."

This means, if sepsis and an additional source of infection are both present on admission, the sepsis (by coding guidance) would be sequenced as the principal diagnosis. The example that is used is a patient admitted with a CAUTI, PNA, and sepsis. The patient has more than one source of infection that were POA-Y as well as sepsis POA-Y. Clinically the *Coding Clinic* advice makes sense, as it would be difficult to determine which source of infection caused the septic state.

**Editor's note:** *Kim Conner, BSN, CCDS, CCDS-O, CDI education specialist for ACDIS/HCPPro based in Middleton, Massachusetts, answered this question. Contact her at [kconner@hcpro.com](mailto:kconner@hcpro.com).*

**Found in Categories:**

[Ask ACDIS, Clinical & Coding](#)

## ACDIS update: Join us for a free Leadership Council research recap webinar next week!

December 1, 2022

CDI Strategies - Volume 16, Issue 53



The CDI field is undergoing a hiring boom, allowing teams to expand to new review areas and deepen their existing review areas. In fact, more than 62% of CDI leaders said they had hired new staff recently and another 15% planned to hire staff this year. Additionally, more and more programs are expanding to review outpatient settings with nearly 19% already reviewing in the physician practice setting, 15% reviewing for medical necessity of admissions, and 11% reviewing observation stays.

After two-plus years of tight budgets, CDI programs are expanding their footprints in their organizations, proving continued value for today's healthcare environment.

Determining when to hire, how to train new staff members, and whether to expand into the outpatient arena all while maintaining high levels of provider engagement can be a challenge, however. In collaboration with 3M Health Information Systems, ACDIS issued a survey in January 2022 to members of the ACDIS CDI Leadership Council. Its purpose was to gather data on current hiring and staff education trends, outpatient expansion inside and outside hospital walls, and real-time provider education methods.

Join ACDIS Associate Editorial Director Linnea Archibald, members of the ACDIS CDI Leadership Council, and a special guest panelist from 3M for a free webinar on **Thursday, December 8, at 1-2:30 p.m. eastern**, featuring an in-depth discussion of the priorities and challenges leaders face as well as an open question and answer session.

Upon completion of this program, attendees will be able to:

- Explain the state of CDI hiring and education trends
- Identify areas for potential CDI expansion to outpatient CDI and opportunities to impact risk adjustment scores
- Understand how CDI programs can use proactive provider education and engagement tactics to improve CDI return on investment
- Apply survey findings and data to their own CDI programs and work

This program has been approved for 1.5 continuing education units towards fulfilling the requirements of the Certified Clinical Documentation Specialist (CCDS) certification and CCDS-O (outpatient) certification, offered as a service of ACDIS.

[Click here to register for free!](#)

**Found in Categories:**

[ACDIS Guidance, Education](#)

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## ACDIS update: Missed the last 2022 ACDIS quarterly call? Access the recording here!

November 17, 2022

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In the [final ACDIS quarterly call](#), which was held November 17, ACDIS Director of Programming **Rebecca Hendren** facilitated a discussion with **Sharme Brodie, RN, CCDS, CCDS-O**, CDI education specialist at HCPro and **Sheri Blanchard, RN, MSN, FNP-BC, CCDS, CCS**, corporate director of CDI at Orlando Health about the recent updates to the [ACDIS/AHIMA Guidelines for Achieving a Compliant Query Practice](#). The group discussed the feedback received during the public comment period and then shared how the committee is clarifying the guidance that will be included in the final version of the brief.

Quarterly calls are a benefit of ACDIS membership and are structured to address concerns related to the CDI industry, as well as deliver news on the association. They qualify for one (1) continuing education unit for the CCDS/CCDS-O recertification.

[ACDJS members can listen to the last quarterly call recording and obtain their CEU here!](#)

**Found in Categories:**

[ACDIS Guidance, Education](#)

## Note from the Product Coordinator: Submit a poster for the ACDIS conference, nominate a colleague for an ACDIS Achievement Award

December 1, 2022

**CDI Strategies - Volume 16, Issue 53**

by Karla Accorto



ACDIS is now accepting poster applications for the [2023 ACDIS conference!](#) This is your opportunity to show the CDI community how your organization, team, or you personally have flourished in the profession. Posters detail an innovative project, newly established protocol, or successful educational outreach at your organization. Past posters have highlighted initiatives such as the creation of systemwide definitions, strategies for increasing physician engagement, and collaboration between coding and CDI departments, to name a few.

Poster creators offer insight and answer questions from passers-by during a designated break at the conference, allowing us all an opportunity to see what is happening in CDI beyond our own backyards. What's more, one producer for each selected poster receives \$200 off conference admission, and all producers who attend the conference can earn 4 CEUs! **To submit your poster idea for consideration, click [here](#). All applications must be submitted by January 30, 2023, after which applicants will be notified in February.**

Additionally, now is also your chance to recognize the efforts and dedication of your colleagues by nominating them for an ACDIS achievement award. ACDIS will be presenting its five legacy awards this year, which include:

- CDI Professional of the Year
- Recognition of CDI Professional Achievement
- Excellence in Provider Engagement
- Rookie of the Year
- Diversity in CDI

[Click here to register today!](#)

It is also our honor to offer the [Melissa Varnavas Spirit of Service Award](#) for the very first time. This inaugural award recognizes an individual who has committed themselves to service by volunteering their time and skills to assist their peers and advance the CDI profession. It also honors the legacy of one of ACDIS's own, Melissa Varnavas.

To read the full descriptions of all six awards, click [here](#). **To nominate a peer for an award, click [here](#). All nominations must be submitted by January 30, 2023.**

If you have any questions about the poster application or the awards nomination process, feel free to reach out to me directly. I sincerely hope you'll all take a moment to consider sharing your contributions to the profession via a poster or recognizing the efforts and accomplishments of a peer by nominating them for an award.

**Editor's note:** Accorto is an editor and product coordinator at ACDIS in Middleton, Massachusetts. Contact her at [kaccorto@acdis.org](mailto:kaccorto@acdis.org). To submit a poster, click [here](https://www.surveymonkey.com/r/2023posters) or copy and paste this link into your browser: [www.surveymonkey.com/r/2023posters](https://www.surveymonkey.com/r/2023posters). To nominate someone for an ACDIS award, click [here](https://www.surveymonkey.com/r/2023acdisawards) or copy and paste this link into your browser: [www.surveymonkey.com/r/2023acdisawards](https://www.surveymonkey.com/r/2023acdisawards)

Found in Categories:

[ACDIS Guidance](#)



## Note from the Product Coordinator: There's no party like an ACDIS party

October 27, 2022

### CDI Strategies - Volume 16, Issue 48

by Karla Accorto

One of my favorite things about the ACDIS team is that we love to celebrate each other's achievements. No accomplishment, success, or triumph ever goes unnoticed. We also enjoy any excuse to throw a party. Coincidence? I'll let you decide.

As October comes to a close, we're getting closer to a really big reason to celebrate: The [2023 ACDIS Pocket Guide](#) publishes in November, and we can't wait to get it into your hands. As the book's editor, I'll say that it truly simply takes a village to put together every year. From our authors Laurie Prescott and Dr. James Manz to our copyediting team to our friends in design and distribution, so many people give so much time to this book before it ends up into your hands. And we recognize that creating this book is just the beginning of the journey. Once *the ACDIS Pocket Guide* finds its home with a CDI specialist, it provides a day-to-day reference as the CDI specialist works hard on medical reviews and queries. The work you do every day—we think *that* is something worth celebrating.

And if you want to celebrate too, **mark your calendars and join us on January 10 at 1 p.m. eastern for our first ACDIS Pocket Guide Launch Party!** This virtual celebration will feature CDI trivia, raffles and prizes, and a live Q&A with author and ACDIS Interim Director Laurie Prescott. Take advantage of this opportunity to get your questions about the *ACDIS Pocket Guide* answered directly by Laurie. Plus, meet other members of the ACDIS team and community as we welcome special guests throughout the party. Whether you've purchased the *2023 ACDIS Pocket Guide*, past iterations, or are simply looking to learn more, this party is the perfect place to connect and celebrate with the CDI community.

As one of the hosts, I might be a little biased, but I think it's going to be a fantastic kick off to the new year. I invite you all to join us in celebrating both the efforts that led to this edition and the efforts and achievements of CDI professionals across the country as they work tirelessly to further the profession.

And remember, there's no party like an ACDIS party, so you don't want to miss this one! Click [here](#) to register today.

**Editor's note:** Accorto is an editor and product coordinator at ACDIS in Middleton, Massachusetts. Contact her at [kaccorto@acdis.org](mailto:kaccorto@acdis.org). To order your copy of the 2023 ACDIS Pocket Guide, click [here](#).

## Found in Categories:

[ACDIS Guidance](#)



## [ACDIS Online: CDI Symposium for Outpatient Efforts \(hcmarketplace.com\)](https://hcmarketplace.com)

Tuesday, December 6 – Thursday, December 8, 2022

Outpatient CDI. The term “outpatient” means different things to different people. For nearly a decade now, however, CDI professionals have been digging into this idea, delving into reimbursement, coding, and documentation rules governing healthcare outside the hospital walls. Digging into what it means, truly, to expand documentation integrity efforts to a wide variety of outpatient settings.

Join us virtually for our three-day online symposium to learn life lessons about how program directors and staff have structured their outpatient efforts. You'll obtain tools related to outpatient policies and procedures, CDI staffing structures, and query processes. You'll learn tips for physician engagement in busy provider offices. And you'll gain metrics for ensuring productivity, quality, and return on investment.

Outpatient CDI can have many definitions. But at this year's online outpatient symposium, you'll learn how to parse through those definitions to build a successful program that fits your organization's needs.

This program offers a variety of continuing education credits for participating in the live event. Don't miss your chance to join us! This program will not be sold after December 6!\*

*Note: Credits for this program are available for live attendance only. To obtain a continuing education certificate for this program, you must participate in all the sessions live as they are broadcast over the event dates, December 6-8, 2022, and complete the online evaluation. Partial credit will not be awarded for this program. Please note that you will have 14 days from the end of the live program to complete the evaluation in order to receive your certificate. After December 22, 2022, the evaluation for this activity will be closed.*

- Attendees only receive CEUs for viewing the program live. Attendees can access the recordings for 60 days after the program to refresh their knowledge, with the exception of the keynote, which can be accessed only until January 6, 2023.



[Register](#)

## Keeping you up-to-date on all things CDI

Join the ACDIS leadership team every other Wednesday for The ACDIS Podcast, a bi-weekly talk show covering the hottest topics in CDI.

During each show, the ACDIS team chats with a special guest, including industry thought leaders, ACDIS advisory board members, and CDI specialists. You'll hear about best practices, tips, and the latest ACDIS and CDI news. This lively 30-minute program will keep CDI and HIM professionals entertained and up to date on the pulse of the CDI industry.

**Tune in every other Wednesday at 11:30 a.m. eastern.**

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We would like to hear from you! We are requesting suggestions for information to be included in our AzACDIS Newsletter. We are also looking for volunteers to write an article to be featured in an upcoming newsletter. Please email [azacdis@gmail.com](mailto:azacdis@gmail.com) with ideas or if you are interested in contributing to the newsletter.

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