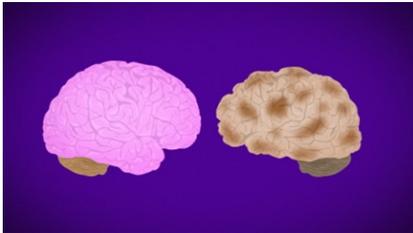# Set the Record Straight

Is new Alzheimer's drug a 'game changer'?

By: Susan Scutti | September 1, 2016 | CNN

(CNN) An experimental drug shattered and removed toxic plaques in the brains of patients with early-stage Alzheimer's disease, researchers said Thursday.

Given to patients once a month for a year, infusions of the drug aducanumab cleared the brain of the deposits, which experts believe play a crucial role in disrupting cellular processes and blocking communication among nerve cells.

Although most aging brains contain some plaques, the brains of Alzheimer's patients tend to have much more. The disease, the most common form of dementia, has no cure, although some treatments are available to alleviate symptoms. Treatments to slow the progression or reverse it have not panned out.

Cambridge, Massachusetts-based Biogen developed the drug aducanumab and funded the study, which primarily tested its safety in humans and was not designed to test for cerebral benefits for patients. Still, the condition of some patients who received the drug showed less decline than patients receiving a placebo.

The study, funded by the makers of aducanumab, split 165 participants into groups and treated them with monthly intravenous infusions of either aducanumab or a placebo over 54 weeks. Four groups of patients received the drug in four separate doses.

As measured by PET brain scans, treatment with aducanumab reduced brain plaques based on both duration and dose; all groups showed more reduction in plaques over time, and the highest-dose group showed the greatest

Ask the Expert: External Cause Codes—A Cause for Headache?

The CDC reports for the US in 2011 there were 130,557 deaths from unintentional injury, 30,208 deaths from unintentional fall, 33,804 motor vehicle traffic deaths, and 38,851 deaths from unintentional poisoning. Where did these statistics come from? Our codes! And they make a world of difference to show what really happened that resulted in the injury treated.

Coders use external cause codes (or E codes) as an opportunity to 'paint a picture' of the events associated with an injury or poisoning. We use these in addition to the codes describing the injuries incurred. Are you coding E codes? Did you know that this is not required to be reported?

According to the 2016 Official Coding Guidelines I.C.20: "There is no national requirement for mandatory ICD-10-CM external cause code reporting. Unless a provider is subject to a state-based external cause code reporting mandate or these codes are required by a particular payer, reporting of ICD-10-CM codes in Chapter 20, External Causes of Morbidity, *is not required*. In the absence of a mandatory reporting requirement, providers are encouraged to *voluntarily report* external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies."

While there are no federal requirements for using and reporting E codes, you might find some states require the use of them. (California OSHPD reporting is one such example of this.) If not in a state mandating this, each facility gets to decide whether or not they will capture and report these codes—with the exception of the external codes for adverse effects and poisoning of drugs/chemicals which are combo codes.

Does your facility have a written policy indicating coders should capture E codes or not? If not, this is a very good item to specify so your staff is all dancing to the same tune. If you *are* capturing external cause codes, be sure your staff is accurately capturing them. ICD-10-CM added hundreds of E codes with a greater level of specificity, and it's wise to ensure your coders know the new codes available and capture them appropriately.

reduction of all.

The study has too few patients to prove that the drug actually works, wrote Eric M. Reiman, executive director of the Banner Alzheimer's Institute in Phoenix, in a commentary on the research, published in the journal *Nature*. He added that many other Alzheimer's drugs have looked promising early on but ended in failure. However, "confirmation of a cognitive benefit would be a game-changer," said Reiman, a psychiatrist who is unaffiliated with the current study.

According to the researchers, animal studies of the drug conducted before the human trial showed the drug to be capable of crossing the blood-brain barrier, engaging its target, and clearing plaques from the brains of mice.

Of all the patients, 125 completed the treatment. Among the 40 who discontinued it, most withdrew due to negative side effects, which included fluid building up in the brain as a result of the removal of plaques. In some cases, this can cause brain bleeds.

Larger trials of the drug involving Alzheimer's patients are in progress and planned to run until at least 2020.

In their conclusion, the researchers observed that it may have taken up to 20 years for the plaques to have accumulated to the levels seen in patients, so the removal of it within a 12-month period "appears encouraging."

Reference: http://www.cnn.com/2016/08/31/health/experimental-alzheimers-drug/index.html

Unfortunately, lack of details in the record forces coders to utilize unspecified codes far too often. If that's the case at your facility, take an informal poll to find out why. Is the documentation lacking or are coders not locating the details provided by physicians and perhaps simply accepting the CAC autosuggested codes?

Did you realize that the documentation of an injury occurring "in the home" is a different code than if the record states, "at their house"? Let's take another example of a patient who has a femoral neck fracture after a fall in the tub. Seems pretty straightforward, right? However, it's the other three E codes that explain what really happened and these details are often missing.

Was the patient…

- bathing in the tub?
- helping a family member to bathe?
- a home health attendant assisting their client to bathe?
- cleaning their own tub?
- a housekeeper cleaning the tub of their employer?

Each of the above scenarios would be captured by completely different codes! Simply stated, documentation matters.

Reference: http://www.cdc.gov/nchs/fastats/accidental-injury.htm

Consultant Spotlight *Julienne, Oxford Consultant*

After graduating from Nursing school in 2010, I became very interested in Medical Coding. After training on and off, I finally decided to pursue my interest and in 2013 I challenged myself to pass the CCS credential. I started working with other companies, opting for Inpatient records, but as a newbie coder I knew there was still much to learn. Especially with the ICD-10 transition, I knew I needed to be with a company who could help me grow. While searching, I stumbled upon Oxford HIM, and luckily with the help of my recruiter, Daniel Silverstein, I began working with Oxford in November 2014 as an Inpatient coder.

Working for Oxford has been the best! Through all their trainings and webinars, Oxford has helped me to grow. This past year I have faced many transitions, from having a baby to moving into a new home, but with the flexibility of my working hours and being able to work from home, they have made it possible for me to be where I am today. I am looking forward to discovering more coding opportunities to broaden my scope of Medical Coding as well as more years with Oxford HIM.

In my spare time, I love traveling locally and discovering new places to eat out with my husband and my 15-month-old daughter. Eventually, when my daughter's older, we are hoping to travel to more places.

Employee of the Month

Danielle Stewart, *Associate Recruiter*

I am from Northern California, born and raised in a little town called Walnut Creek. All throughout my childhood I grew up playing sports, particularly volleyball and swimming.

After graduating from high school I decided I wanted to give Southern California a try, where I could continue playing the sports I love. I moved to Santa Barbara, CA, and attended the University of California Santa Barbara, where I found my true passion for beach volleyball and decide to train and compete competitively.

Following my graduation from UCSB, I decided to move even further south and found that San Diego was the place for me.

I started working for Oxford HIM in April of this year and it has been a wonderful experience. I enjoy working with all my colleagues and the HIM professionals. I look forward to furthering my knowledge in the medical recruiting field and seeing what the future holds for me with Oxford HIM.

News & Events

Are you going to AHIMA this fall?

Join us for a chat at booth #617!

AHIMA 2016

Baltimore, MD, October 15–19, 2016

New Oxford HIM PTO Benefit

Oxford HIM now offers full-time consultants the opportunity to take paid time off! The new PTO benefit comes in addition to holiday pay, 401(k) and medical insurance packages, paid travel and other benefits we provide.

If you have any questions, please contact your recruiter or email HIM@oxfordcorp.com.

Set the Record Straight

OXFORD

Refer a Colleague to Oxford HIM

Increase your cash flow by referring other HIM professionals to Oxford HIM!

You can earn **$500** for every qualified contract or direct hire candidate. The bonus will be paid to you after the referred contract employee has worked 120 hours or the direct hire employee has completed 90 days.

Please ask your recruiter for more details, or email referrals to Lauren_Pease@oxfordcorp.com.

Hot Jobs

◊ Onsite CDI Specialist—West Coast

◊ Onsite CDI Manager—West Coast

◊ Remote Inpatient Coder—Multiple Locations

◊ Remote Outpatient Coder—Multiple Locations

◊ Remote Profee Coder

Email Lauren_Pease@oxfordcorp.com today to learn more about these opportunities or refer a friend!

Who Knows?

What condition results from a muscle injury so severe that muscle fibers die and release their contents into the bloodstream?

Send your answers to:
Lauren_Pease@oxfordcorp.com

All correct answers will be put into a raffle for a chance to win a $25.00 Visa gift card.

Last Edition's 'Who Knows' Winner

And the winner is …
Gayla S.!

Answer:
Codes are introduced at the Coordination and Maintenance Committee, which meets in September and again in March. The committee is overseen by CMS and NCHS and meets in Baltimore at the CMS Building.