



Ask the Expert: C1 Esterase Inhibitor Deficiency

Hereditary Angioedema (HAE) is a rare genetic disorder caused by a C1-Inhibitor gene mutation at conception. The result is a potentially life-threatening condition that results in flares of edema in the upper respiratory, gastrointestinal tract or in subcutaneous tissues. What causes the “flares” and what are the resulting symptoms?

Mild/moderate angioedema episodes

- Swelling of the peripheries
- Mild/moderate abdominal pain

Severe angioedema episodes

- Stridor or respiratory distress due to laryngeal edema
- Other signs of potential airway compromise, e.g., hoarse voice, persistent cough, dysphagia or tongue swelling
- Severe abdominal pain or vomiting

When the defective C1-Inhibitor does not adequately perform its regulatory function, a biochemical imbalance can occur, producing unwanted peptides that induce permeability in the capillaries, which then release fluids into the surrounding tissue and cause edema.

What does a patient suffering from this disorder experience? Symptoms include angioedema (without pruritus or hives), abdominal pain and, at times, nausea/vomiting due to intestinal edema and laryngeal edema. Conditions, if untreated, last 1-5 days. However, flares can be severe, life-threatening and require medical intervention. (See box.)

Treatment varies; however, corticosteroids and antihistamines do not have any influence on the disorder.

Most success has been from Berinet, a human plasma-derived, purified, pasteurized, lyophilized concentrate of the protein C1 esterase inhibitor. Severe episodes could involve endotracheal intubation for airway protection.

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ICD-10: Payers Stepping Ahead of CMS by Demanding Specificity in Claims

By: John Andrews | April 12, 2016

Some commercial health insurance companies are already insisting on greater specificity for claims filed in ICD-10, particularly those submitted as unspecified.

“We’re hearing that payer by payer, they won’t accept unspecified codes for 9 or 10 and they want more discrete codes,” said Jay Deady, CEO of Denver-based Recondo. “We heard from the Blues, who are being more aggressive and stepping out on their own ahead of CMS.”

The Centers for Medicare and Medicaid Services, for its part, said that it will accept and process claims as long as they’re submitted in the correct ICD-10 family of codes until October 1, 2016.

So far the sector has managed to successfully convert ICD-9 to comparable ICD-10 codes using crosswalk conversion programs and by focusing on the code groups they use most often, said Mary Jean Sage, president and founder of The Sage Associates, an expert consultant in billing and coding for the Cooperative of American Physicians, Inc.

“That is why they’ve done as well as they have so far,” Sage said. “But they need to take the next step and start looking at codes beyond their immediate scope and adding more specificity.”

For instance, Sage is conducting a coding audit for a large clinic that regularly performs Well-Child exams and converting the 9 code to 10 isn’t always accurate because of a detail called “normal findings,” she said.

“It has to be classified as either ‘with’ or ‘without’ normal findings and if you convert 9 to 10, it translates as ‘without’ normal findings — and that isn’t always the case,” Sage said.

What can healthcare organizations do now to prepare for October 1, 2016?

Training is the obvious one. Educating physicians on the higher level of specificity has been challenging but progress is gradually being made, said Jose Rivera, vice president of physician solutions development at

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Santa Rosa, Calif.-based analytics firm VisiQuate.

OrthoTexas Physicians and Surgeons, for instance, found itself behind the eight ball because physicians did not believe that ICD-10 would ever really happen, according to business office director Tracy Dean.

Following a logical strategy of studying all ICD-10 codes related to orthopedics, Dean's management team attended a year's worth of training, and "took every orthopedic 'cheat sheet' we could get our hands on to create something that we could roll out to physicians."

The mission then progressed into phasing out the doctors' ICD-9 charge sheets, which had Dean wondering how it would be received.

"We knew with ICD-10 we would push our charges out of the EMR system and prevent creating an ICD-9 charge sheet," she said. "We weren't sure how it would come out, and after nearly five months there have been a couple stragglers, but they are all pushing the codes out. They are with the program."

So for the time being, claims are being accepted, finances are stable and code crosswalks between ICD-9 and ICD-10 are working fine. But for how much longer? And what impact will it have when payers start requiring more specificity?

Recondo's Deady said that conflicts between 9 and 10 could cause interruptions to providers' revenue cycles.

With more than 900 clients, Recondo's cloud-based services include patient estimation and eligibility and authorization with a focus on the area where there is "the biggest latent downstream effect" — business rule adoption tied to ICD-10 by payers.

"We're starting to see our progressive clients adding in nursing case managers and hospitalists to the work groups and are looking at how to provide a higher level of clinical specificity on the front end," Recondo's Deady said. "If that's not done, the projection is that in a year or year-and-a-half, there will be a spike in claims denials due to no prior authorization on the ICD-10 code."

Reference:

<http://www.healthcareitnews.com/news/icd-10-payers-stepping-ahead-cms-demanding-greater-specificity-claims>

Coding Corner

HAE is coded in ICD-10-CM as **D84.1 Defects in the complement system**. The manifested symptoms of this disease process should not be coded (i.e., angioedema or abdominal pain). However, if respiratory failure occurs as a result of a severe flare, that would be coded separately.

Peripheral IV infusion of Berinet is coded in ICD-10-PCS as **3E033GC Introduction of Other Therapeutic Substance into Peripheral Vein, Percutaneous Approach**.

References:

<http://www.centerwatch.com/drug-information/fda-approved-drugs/drug/1069/berinert-c1-esterase-inhibitor-human>

<http://www.haea.org/what-is-hae/hae-the-disease/>

http://www.rch.org.au/clinicalguide/guideline_index/c1_esterase_inhibitor_deficiency/



Consultant Spotlight

Lee Ann M., HIM Consultant



Lee Ann, a Certified Coding Specialist, started coding in 1998 at a local area hospital doing outpatient coding and auditing. After a few years, she moved to a level one trauma hospital and started coding inpatient records. While working for the State of Rhode Island, she began auditing and DRG validations. She then worked as a consultant for 9 years with a previous company before joining Oxford HIM 2 years ago.

In her free time, Lee Ann enjoys kayaking, stand up paddle boarding, riding bikes, and volunteering at a local pet shelter. She is looking forward to doing more in-depth ICD-10 auditing during her career 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.

Employee of the Month

Takeshia Long, Recruiter



Seemingly born with a pen in her hands, Takeshia Long graduated with a degree in Mass Communication (Journalism) from The University of Alabama at Birmingham. She had her fill of life in Steel City and has been a resident of Florida since 2009. A lifelong AlaGeorgian (*n.* a

person born in a hospital that sat on the border of the states of Alabama and Georgia and who has spent equal parts of their youth between the two), Takeshia is pursuing her master's degree in writing at Savannah College of Art and Design.

She became an employee of Oxford HIM in May of 2015, beginning as an Associate Recruiter. She was promoted to Recruiter in December of 2015 and has enjoyed learning the inner workings of Oxford and matching the right candidate for the right opportunity. The most rewarding aspect for her is becoming an integral part of the lives of her consultants on a daily basis, regardless of the fact that they have never met in person.

Just as she does in the literary world, Takeshia hopes to leave positive, long-lasting impressions in the world of Health Information Management.



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Who Knows?

What does the Rx mean on prescriptions?

Send your answers to:
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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...
Darlene V!

**Answer: Chimera
 or
 Human Chimera**