

## **The following are some concerns with data derived from submitted Claims: Hospital Billing Data May Not Be Accurate in Identifying Infections.**

The rate of catheter reported UTIs but this can be from the documented difficulty of capturing the data. "Hospital coders rarely use the catheter association code needed to identify CA-UTI among secondary-diagnosis UTIs." Thus, if you do a good job, you may appear to have too many infections.

<http://www.ncbi.nlm.nih.gov/pubmed/20426577>

Hospital Coders may have difficulty in identifying C. Diff, MRSA and Urinary Catheter Associated Infections. "Simply put, hospital coders are not diagnosticians or clinicians; they choose diagnoses to list to justify the hospital payment requests, on the basis of a limited review of provider documentation and summaries of major test results."

<http://www.ncbi.nlm.nih.gov/pubmed/20426577>

<http://www.extendingthecure.org/blog/hospital-acquired-infections-why-coding-matters>

<http://www.extendingthecure.org/blog/administrative-codes-infection-surveillance-use-caution>

The above, combined with the problems of ICD-9 capturing when using the current Hospital Billing system (see below), may indicate that the incidence of these Healthcare Acquired Conditions are probably underestimated.

Section II G.11.c. P 23914 of the May 4, 2010 Federal register

Processing of 25 Diagnosis Codes and 25 Procedure Codes on Hospital Inpatient Claims

"We have received repeated requests from the hospital community to process all 25 diagnosis codes and 25 procedure codes submitted on electronic hospital inpatient claims. Hospitals can submit up to 25 diagnoses and 25 procedures; however, CMS' current system limitations allow for the processing of only the first 9 diagnoses and 6 procedures. While CMS accepts all 25 diagnoses and 25 procedures submitted on the claims, we do not process all of the codes because of these system limitations. We recognize that much valuable information is lost by not processing the additional diagnosis and procedure codes that are reported by hospitals."

This capture problem should be fixed as of 1/1/2011, but only for Hospitals using the 5010 Electronic Billing System. This format will not be required until Jan 1, 2012.

<http://www.visioncare.net/Blogger/index.php?/archives/6-5010-Electronic-Claims-Format.html>

The above is the Opinion of Health Watch USA