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Sizable Changes for Drug Testing Codes and Others

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Inform the provider of the specific terminology as it relates to smoking history to ensure proper codes are assigned for these conditions.

Code Z92.82 *Status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to a current facility* is also included in the instructional note that indicates tissue plasminogen activator (tPA) administration.

TPA is a fast-acting enzyme that dissolves blood clots. It can be produced naturally by cells in the walls of blood vessels or prepared through the use of genetic engineering. TPA is used in the coronary arteries during heart attacks, and in the cranial arteries in certain types of strokes. Administering tPAs during the first few hours following the incident can minimize the damage to the heart muscle and improve the patient's chances of survival.

Code Z92.82 is assigned as a secondary diagnosis at the receiving facility when a patient is received in transfer into a facility and the documentation indicates the patient was administered tPA within the last 24 hours prior to admission to the current facility.

The instructional note under Z92.82 states to code first the condition requiring tPA administration, such as acute cerebral infarction (I63- *Cerebral infarction*) or acute myocardial infarction (I21-, I22-). This code would be assigned even if the patient is still receiving the tPA at the time he or she is received into the current facility.

The basic code for hypertension (without complications) is easier in ICD-10-CM because there is no "benign" vs. "malignant" issue …

Example 5

Patient presents to a rural hospital with chest pressure on and off, arm and shoulder pain, and rapid heartbeat for the past hour. He is diagnosed with AMI of the left main coronary artery and is administered tPA. He is stabilized and transferred to another facility that has an advanced coronary unit within two hours.

Physician at first hospital:

I21.01 ST elevation (STEMI) myocardial infarction involving left main coronary artery

Physician at second hospital:

I21.01
Z92.82

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By Jerry Penso, MD, MBA

Achieve Better Outcomes in Hypertensive Patients

Best practices for identifying and managing this costly condition.

As physicians play a key role in improving population health and managing healthcare costs, they have an opportunity to address a chronic condition that dramatically affects health outcomes: hypertension. Despite our industry's efforts to manage this disease, hypertension affects one in three Americans. And half of these individuals don't have their blood pressure under control, according to the U.S. Department of Health & Human Services (HHS).

Source: HHS Secretary Sebelius Statement on National High Blood Pressure Education Month (www.hhs.gov/news/press/2012pres/05/20120502a.html)

Many organizations, from government and public sector to private entities and non-profits, develop and disseminate evidence-based best practices to improve identifying and managing hypertensive patients by all stakeholders. The American Medical Group Foundation's Measure Up/Pressure Down® national hypertension campaign, for instance, identified eight best practices and resources for medical groups and health systems across the nation working to improve blood pressure control.

The following strategies will help providers and care teams properly diagnosis, treat, and manage individuals with hypertension.

1. Educate on Proper Blood Pressure Measurement Techniques

Although a hypertension diagnosis seems fairly straightforward, incorrect monitoring techniques can hinder efforts to identify and control this serious medical issue. It's essential for physician offices and medical groups to conduct annual trainings and certifications in accurate blood pressure measurement for all clinical team members. Training should include a demonstration of proper patient positioning, selection of cuff size, obtaining valid measurements, accurate recording of results, and reporting of abnormal numbers.

2. Create a Standard Process for Follow Up with At-risk Patients

Timely blood pressure re-measurement is essential to proper titration of medications and to optimize other treatment plan elements. Develop a standard follow-up process to make these efforts easier for staff members and to eliminate the issue of patients "slipping through the cracks." For example, your practice may want to au-

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tomatically schedule these patients for a follow-up appointment with medical assistants or nurses every two weeks until blood pressure data is consistent and indicates better control. This is especially important because blood pressure measurements may vary over time, depending on time of day, exercise, timing of medications, and other factors.

3. Adopt Proven Hypertension Protocols

Adoption of clear treatment guidelines can eliminate blood pressure monitoring and management variation among office staff and clinicians. Although large medical groups or health systems may have a more formalized process for developing these protocols, healthcare associations and non-profit groups also offer guidelines that can be customized according to physicians' needs. Sample treatment processes and algorithms are available in the Measure Up/Pressure Down® Provider Toolkit, with examples from leading organizations, including Kaiser Permanente and Sharp Rees-Stealy Medical Group.

4. Use New Technology to Empower Staff and Engage Patients

Today's technology — including electronic health records (EHRs), clinical decision support software, patient portals, and mobile health tools — continues to transform the way chronic conditions are managed. Some of these applications are particularly useful in the management of patients with hypertension. For example, wireless, cellular-enabled blood pressure monitoring devices can help patients document ongoing data about their condition and share it with their care team. This data can reveal whether patients are monitoring blood pressure on a timely, ongoing basis. There also are basic mobile applications that can provide information, such as convenient locations for low-cost or free blood pressure screenings and instructions on how to monitor blood pressure accurately.

For providers, EHRs provide the ability to create patient registries to identify all hypertensive patients before each visit or to conduct follow-up outreach. Decision-support software combines this data with evidence-based guidelines to help physicians make the most informed clinical decisions without the need to review volumes of data, research, and clinical studies.

By implementing these best practices, care teams can help hypertensive patients manage blood pressure effectively, ensuring a healthier population overall.

For more information about the resources, tools, and best practices that are available to clinicians looking to improve identification and management of patients with hypertension, download the Provider Toolkit from the Measure Up/Pressure Down® campaign at www.measureuppressuredown.com/HCProf/Find/provToolkit_find.asp. HBM

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