Scenario:
A chart is being coded in which the patient sustained an injury, and nowhere in the chart is the place of occurrence documented. What should a coding professional do? This article will explore CMS official coding guidelines and California state reporting regulations specific to this case scenario.

The CMS Official Coding Guidelines describe omitting the place of occurrence code altogether if it is not documented. If this guideline is followed, an edit requiring the “place of occurrence” might be triggered by the Office of Statewide Health Planning Department (OSHPD). OSHPD has turned off the edits for the use of “place of occurrence codes” as of January 1, 2016. However, according to OSHPD’s Inpatient (97227) and Emergency Department and Ambulatory Services (97260) reporting guidelines, the place of occurrence code is required. Trend edits may occur if there is more than a 5% decrease in Principal External Cause codes reported, or the average number of Other External Cause codes per record drops significantly.

What is the best practice?
The coding professional may be tempted to report the code Y92.9, unspecified place, for discharges in the State of California to circumvent OSHPD edits. OSHPD advises coding professionals to follow the Official Coding Guidelines and avoid using Y92.9 until otherwise instructed by Coding Clinic. Each facility should clearly define the standard of practice for their coding department.

References

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