

VALLEYCARE
OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
HEALTH INFORMATION MANAGEMENT SERVICES
POLICY & PROCEDURE

NUMBER: 2016
VERSION: 1

SUBJECT/TITLE: HIMS - CODING MISADVENTURE GUIDELINES

POLICY: To establish guidelines for misadventures occurring during surgery

PURPOSE:

DEPARTMENTS: HEALTH INFORMATION MANAGEMENT SERVICES

DEFINITIONS: Misadventure that occurs during surgery

PROCEDURE:

A. The physician should state the misadventure or complication of surgery on the dictated operative report and/or the dictated discharge summary before a misadventure code is assigned. The decision as to whether a condition as a complication of care is up to the physician and should be determined on a case-to-case basis.

- 1. Coder is to review the operative report for any unintended actions. If the coder identifies an operative report with a misadventure and/or surgery complication, the coder is instructed to give the medical record and report to the coding supervisor for review. If the supervisor feels a misadventure did occur he/she will notify Medical Administration.**
- 2. The coding supervisor will copy the operative report, discharge record, discharge summary, and progress notes and forward to medical administration for review and response.**
- 3. Medical Administration will notify the appropriate physician to discuss the case if necessary.**
- 4. The coder is to enter all the inpatient hospital data into MRA/Abstract, except for the operative episode. File the abstract as incomplete until notification regarding the surgical procedure is received.**
- 5. Medical Administration will notify the coding supervisor regarding his decision within five days of receiving the data.**

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6. Do not assign a misadventure code until the physician confirms the diagnosis.

B. POSSIBLE SIGNS AND EXAMPLES

1. Unintended (not part of procedure) action or effect during surgery results in a change in procedure, which would be a misadventure.

Example: When a laceration requires changing a cesarean section into a hysterectomy.

2. Unintended (not part of the procedure) intrusion into a viscus not directly communicating with the uterus or encroachment upon a structure having a physiologic effect, this would be a misadventure.
3. Examples of intrusion and encroachment: A bladder intrusion (cystotomy) or gastrointestinal intrusion (enterotomy). Encroachment is on the ureter.
4. Blood transfusion is required as a result of an unintended (not part of the procedure) action.
5. Re-operation secondary to an unintended action occurring during the initial surgery, which would be a misadventure.
6. Some unexpected actions which result in bleeding are not misadventures.
7. Examples: Is the bleeding that may be associated with freeing of adhesions which, while not expected as part of the procedure, becomes a required part of the procedure after identification during surgery.

C. PROBLEMS THAT CAN OCCUR

1. Can effect reimbursement as complications/co morbidities.
2. Inaccurate coding can result in inaccurate data which will affect any data studies being performed.

D. CODER INFORMATION

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- 1. Categories 996-999 ICD-9 codes do not imply improper or inadequate care.**
- 2. Complications may occur during the admission for surgery or medical care or they may occur any time following discharge.**

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References:	
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