

# THE LIVANTA CLAIMS REVIEW ADVISOR



*A monthly publication to raise awareness, share findings, and provide guidance about Livanta's Claim Review Services*

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## Higher-Weighted Diagnosis Related Groups (HWDRG) Validation – Cerebral Edema

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This month's issue of *The Livanta Claims Review Advisor* addresses the correct reporting of cerebral edema on Medicare Part A claims. Livanta finds during HWDRG reviews that hospitals sometimes over-report the major complication/co-morbidity (MCC) of cerebral edema when it is not clinically valid or supported according to coding guidelines. In fact, of all reviewed claims in which cerebral edema was reported, it was found to be coded in error four percent of the time. Technical (coding) reasons accounted for 41 percent of the errors, and the diagnosis was found to be clinically invalid 59 percent of the time. The guidance offered in this month's *Advisor* is intended to provide hospital staff with information concerning the guidelines associated with cerebral edema diagnosis codes and clinical validation of cerebral edema.

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### Clinical Validation of Cerebral Edema

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Clinical validation is a regulatory requirement for claims submission and reimbursement intended to prevent overpayment due to over-diagnosis. It is the hospital's responsibility to ensure clinical validity of all diagnoses submitted on claims.<sup>[1]</sup>

Claim submissions and reimbursements are governed by Centers for Medicare & Medicaid Services (CMS) regulations and policy manuals such as the recovery audit contractor (RAC) statement of work (SOW) and the Medicare Program Integrity Manual (MPIM).<sup>[2]</sup>

According to the RAC SOW 2014, page 21: "Clinical validation involves a clinical review of the case to see whether or not the patient truly possesses the conditions that were documented in the medical record." Similarly, the MPIM 2018, section 6.5.3 states: "The purpose of DRG validation is to ensure that diagnostic and procedural information ... coded and reported by the hospital on its claims matches the attending physician's description and the information contained in the medical record."<sup>[3]</sup>

Livanta is contracted with CMS to conduct coding reviews and clinical validity determinations, both in support of DRG validation. Clinical validity reviews are performed by currently practicing physician reviewers. The most common reason for denial of cerebral edema on claims is a failure of the provider to document the clinical information that supports the diagnosis—there is often no documentation of cerebral edema at all until the post-discharge query. It is vital for providers to document the clinical information that led to the diagnosis of cerebral edema rather than simply stating on a query that it is present.

According to the American Health Information Management Association’s (AHIMA) Clinical Validation: The Next Level of CDI (January 2019 Update), “clinical validation is the process of validating each diagnosis or procedure documented within the health record, ensuring it is supported by clinical evidence in the medical record.”<sup>[4]</sup>

[1] Challenges of Clinical Validation: Coding Guidelines vs. Billing Regulations

By Richard Pinson, MD, FACP, CCS, CDIP, and Cynthia Tang, RHIA, CCS

[2] *ibid*

[3] *Ibid*

[4] <https://bok.ahima.org/doc?oid=302679>



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## Good Documentation Practices

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Describe the clinical signs and symptoms of cerebral edema (e.g., headaches, nausea, vomiting, altered mental status, coma, seizures, etc.).

There should be evidence of cerebral edema on a magnetic resonance imaging (MRI) scan of the brain. This finding can be called cerebral edema, brain compression, displacement, or midline shift.

Although these findings may be detected on the MRI, they are not reportable unless the provider documents its presence and provides evidence of the clinical significance, such as plans to treat with medications like corticosteroids and diuretics (such as mannitol) or surgical decompression. Alternatively, there must be well-documented plans to follow up on the edema with frequent radiological studies or a documented link between the edema and worsening of the patient's condition. **Cerebral edema being detected on an MRI and/or documented on a query is not enough to support the reporting of this condition.** Cerebral edema must be both clinically significant and documented by the treating physician (not just the radiologist).

When documented by itself without further evidence, the following documentation **does not support** a diagnosis of cerebral edema:

- Documentation of vasogenic, osmotic, generalized, interstitial, or cellular edema
- Change in mental status, or presence of encephalopathy
- Radiological findings of cerebral edema without evidence of clinical significance
- Radiological findings of cerebral edema without confirmation by the treating provider

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## Coding Guidelines

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Please see the Official Coding Guidelines, Section I.A.2 and I.A.3.<sup>[5]</sup> Both of these sections provide details on how to use the coding index and tabular, and also explain that two conditions such as “cerebral” and “edema” must be documented and linked to each other before cerebral edema may be coded. In other words, “vasogenic edema” is not reportable because it does not include a direct link to the brain or a specific part of the brain.

The phrase “vasogenic edema” is not found in the coding index, so coders may not assume that the physician who documents vasogenic edema or similar terms is referring to the brain, even if it seems obvious.

Other Coding Guidelines:

- The Official Coding Guidelines, Section III defines clinical significance as requiring one or more of the following:
  - clinical evaluation; or
  - therapeutic treatment; or
  - diagnostic procedures; or
  - extended length of hospital stay; or
  - increased nursing care and/or monitoring

The fact that cerebral edema is mentioned in an operative report, progress note, query, or other note in the medical record does not prove that it was clinically significant. It must meet one or more of the requirements listed above and be documented clearly.

[5] <https://www.cms.gov/files/document/fy-2023-icd-10-cm-coding-guidelines-updated-01/11/2023.pdf>

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## Common Scenario

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By far, the most common reason Livanta disallows cerebral edema is a lack of clinical evidence of this condition. For example, the hospital will submit a post-discharge physician query that mentions a few clinical indicators and then asks the physician to select cerebral edema or to specify another diagnosis. Usually, the physician selects cerebral edema but does not explain why it was never documented during the stay or why no evaluation or treatment was ordered.

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# Focused Training

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Based on HWDRG claim reviews conducted by Livanta, hospitals could benefit from focused training on the proper documentation and coding of cerebral edema. Complete and accurate documentation is imperative to ensure proper claim submission and payment.

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## About Livanta

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Livanta is the national Medicare Claim Review Services contractor under the Beneficiary and Family Centered Care – Quality Improvement Organization (BFCC-QIO) Program. As the Claim Review Services contractor, Livanta validates the DRG on hospital claims that have been adjusted to pay at a higher weight. The adjusted claim is reviewed to ensure that the diagnoses, procedures, and discharge status of the patient reported on the hospital's claim are supported by the documentation in the patient's medical record. Livanta's highly trained, credentialed coding auditors adhere to the accepted principles of coding practices to validate the accuracy of the hospital codes that affect the DRG payment. When needed, actively practicing physicians review for medical necessity and clinical validity based on the presence of supporting documentation and clinical indicators.



Post-payment review of these HWDRG adjustments is mandated under statute and in CMS QIO Manual: Perform DRG validation on prospective payment system (PPS) cases (including hospital-requested higher-weighted DRG assignments), as appropriate (see §1866(a)(1)(F) of the Act and 42 CFR 476.71(a)(4)).

**Read more: [CMS, Quality Improvement Organization Manual, Chapter 4 - Case Review](#)**

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/qio110c04.pdf>

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## Questions?

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Should you have questions, please email [ClaimReview@Livanta.com](mailto:ClaimReview@Livanta.com).

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