

MDS Alert

Section H: Don't Let 4 Coding Conventions For Bowel/Bladder Appliances Trip You Up

Mistake: Intermittent catheterization does not include straight catheter for urine sample.

At first blush, coding Item H0100 □ Appliances seems pretty straightforward. But you can confuse your coding if you don't pay attention to the actual definitions of the appliances that you need to code in the bowel/bladder section. Here are four coding areas where many MDS coders make big mistakes.

Item H0100 is where you record any urinary or bowel appliances that the resident used during the seven-day look-back period.

Item H0100 contains several coding conventions that are somewhat confusing and often surprising. "While these rules may not seem intuitive, upon further inspection, they make sense for care planning purposes," according to an April 9 tutorial by MDS expert **Judy Wilhide-Brandt, RN, BA, RAC-MT, C-NE** of **Judy Wilhide Consulting Inc.** for Washington, D.C.-based Leading Age.

1. Where to Code Different Types of Catheters

Code suprapubic catheters, usually inserted via urostomy, in Item H0100A □ Indwelling catheter (including suprapubic catheter and nephrostomy tube), and not in H0100C □ Ostomy (including urostomy, ileostomy, and colostomy), Brandt instructed. Also code catheters inserted via nephrostomy here.

Example: If you code H0100A for an indwelling catheter, the care team will monitor a tube draining urine into a receptacle, Brandt said. But if you code H0100C for ostomy, the care team will be monitoring some type of stoma with a pouch.

Look to the RAI manual's definitions for clarification when coding H0100. The manual's definition of indwelling catheter is: "A catheter that is maintained within the bladder for the purpose of continuous drainage of urine."

The RAI manual's definition of a suprapubic catheter is: "An indwelling catheter that is placed by a urologist directly into the bladder through the abdomen. This type of catheter is frequently used when there is an obstruction of urine flow through the urethra."

A nephrostomy tube is: "A catheter inserted through the skin into the kidney in individuals with an abnormality of the ureter (the fibromuscular tube that carries the urine from the kidney to the bladder) or the bladder."

2. Code External Receptacle Pouches Here

You must code external receptacle pouches for females in H0100B □ External catheter, Brandt instructed.

The RAI manual's definition of external catheter is: "Device attached to the shaft of the penis like a condom for males or a receptacle pouch that fits around the labia major for females and connected to a drainage bag."

Important: If you code H0100B for an external catheter, you must be clear in the care plan which device it is, Brandt stressed. The RAI manual defines a receptacle pouch in terms of a female resident, but there are times when this type of pouch is used for males as well.

"Care of external urine collection pouches can be quite different than care of an external condom catheter," Brandt noted. "The bottom line is that the care team must be aware of and consider any devices used for elimination. Dignity

issues must be addressed as the resident moves about the community during the day."

3. Avoid Ostomy Confusion

Code a urostomy, along with an ileostomy and colostomy, in Item H0100C, Brandt stated. But do not code an ostomy for a feeding tube here.

Make sure you include in your care plan how to empty the urostomy bag and any other instructions that the care team need to address these appliances, according to a recent presentation by **Shirley Boltz, RN**, RAI/Education Coordinator for the **Kansas Department for Aging and Disability Services**.

The manual's definition of ostomy is: "Any type of surgically created opening of the gastrointestinal or genitourinary tract for discharge of body waste."

Urostomy is: "A stoma for the urinary system used in cases where long-term drainage of urine through the bladder and urethra is not possible, e.g., after extensive surgery or in case of obstruction."

Ileostomy is: "A stoma that has been constructed by bringing the end or loop of small intestine (the ileum) out onto the surface of the skin."

Colostomy is: "A stoma that has been constructed by connecting a part of the colon onto the anterior abdominal wall."

4. How to Code Straight Catheterization for Urine Samples

Mistake: Although tempting, don't code a straight catheter for a urine sample in Item H0100D ☐ Intermittent catheterization. According to Brandt, the only situation that you should code in H0100D is consistent with the manual's definition of intermittent catheterization: "Sterile insertion and removal of a catheter through the urethra for bladder drainage."

Beware: "Safety issues arise when a team member is not aware of an appliance and attempts assistance," Brandt warned. "For example, indwelling catheters can be displaced when a resident is transferred without first ensuring the drainage bag is secure and is moved along with the resident."

Bottom line: Coding Item H0100 should remind you of your care planning goals for the resident. "The cornerstone of care planning in these cases is to ensure the appliance is only used when there are no other alternatives, then to minimize risk of complications associated with each type of appliance," Brandt stressed.

