



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO:
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Ser M3/5/AT-49891
17 Aug 09

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

Subj: MILITARY HEALTH SYSTEM (MHS) GUIDELINES FOR INPATIENT CODING

1. The Unified Biostatistical Utility (UBU) Work Group recently published and released the Military Health System (MHS) Guidelines for Inpatient Coding. These guidelines are posted at the UBU website: http://www.tricare.mil/ocfo/bea/ubu/coding_guidelines.cfm. The subheading is "Military Health System Guidelines for Inpatient Coding." These guidelines are effective for auditing purposes as of 1 October 2009.
2. The MHS Guidelines for Inpatient Coding are the DoD official resource for coding inpatient hospitalization. The guidelines provide direction for inpatient coders currently working in MHS inpatient facilities and supplement industry standards with MHS-specific guidance. Adherence to these guidelines is critical to accurately capture inpatient workload and institutional data and aid in overall health plan management.
3. The MHS Guidelines for Inpatient Coding includes newly implemented Medicare Severity Diagnosis Related Groups (MS-DRGs). MS-DRGs replace Diagnosis Related Groups (DRGs) to more accurately reflect the care and services provided at Medical Treatment Facilities (MTFs). MS-DRGs are a comprehensive approach in applying severity of illness and resource use. Use of MS-DRGs became effective 1 October 2008.
4. Composite Health Care System (CHCS)/Coding Compliance Editor (CCE) permits users to identify "suspected," "probable," "questionable," "likely," and similar unconfirmed diagnoses by appending the "U" ("unconfirmed diagnosis") indicator. Navy coders shall not report the "U" indicator, but will adhere to the standard "ICD-9-CM Official Guidelines for Coding and Reporting" and the "Military Health System Guidelines for Inpatient Coding."
5. Regional Commanders will ensure dissemination and compliance with the MHS Guidelines for Inpatient Coding. Recognizing that training for the newly effective MS-DRGs was provided to coders and coding supervisors at all MTFs with inpatient services via VTCs from BUMED in October 2008, Regional Commanders will ensure MTFs immediately begin to implement these guidelines into standard coding practices upon receipt of this memorandum.
6. The MTF Commanders/Commanding Officers are responsible to ensure that all clinical documentation, clinical coding, and administrative procedures surrounding patient encounters are conducted following the requirements of the MHS Coding Guidelines, applicable State and Federal laws, and The Joint Commission. Additionally, (MHS)

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Guidelines for Inpatient Coding should be incorporated into local MTF annual training plans for coders, coding auditors, and health care practitioners.

7. Questions and concerns when applying the MHS Guidelines for Inpatient Coding should be resolved using (1) the MTF coding supervisor, then (2) the Navy Medicine Regional Command Medical Record Administrator. If noted problems or inconsistencies are not resolved at the MTF or Regional levels, then they should be submitted to the Navy Coding Hotline. Use the following link: <https://dq.med.navy.mil/dq/coding.htm> to post questions to the Navy Coding Hotline. For functional software and technical support, contact the MHS help desk 1-800-600-9332 (CONUS) or 1-866-637-8725 (OCONUS). Unresolved issues/problems that have potential system implications should be reported via the Navy Coding Hotline with the corresponding help desk ticket number.

8. My points of contact for coding related questions are Ms. Susan Pierce at (202) 762-3162 or e-mail at Susan.Pierce@med.navy.mil and Ms. Shannon McConnell-Lamprey at (202) 762-3166 or e-mail at Shannon.Mcconnell-Lamprey@med.navy.mil.



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