One Hour to Proficiency: Advance your Skills in Coding Difficult Cases

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LEARNING OBJECTIVES:

- Review & practice more advanced coding cases
- Discussed will be when to use a combination code; when to code an unspecified code
- Review of drug induced conditions
- Overview of behavioral health issues of abuse & dependence
- Review of changes with daily insulin administration coverage under Medicare

SIRS

- Systemic Inflammatory Response Syndrome
  - Inflammatory state that effects the entire body
  - Noninfectious SIRS includes trauma & burns
  - SIRS due to an infection, is considered Sepsis/Septicemia
- Sepsis and Septicemia are used interchangeably; not synonymous
  - Septicemia is more severe and includes organ failure

Diagnosis sequencing

- SIRS, Sepsis & Septicemia
- Require at least 2 codes
- Codes from subcategory 995.9 can never be assigned as primary diagnosis
- Code first the underlying cause (infection), followed by SIRS, Sepsis or Septicemia
- Sepsis and Septicemia require coding of the systemic infection, if organism is not stated use 038.9 unspecified Sepsis/Septicemia
- Assign additional code for any localized infection

Case 1 Sepsis

- Mrs. B fell several weeks ago and sustained a 6 inch wound on her forearm that required multiple stitches. The area was slow healing but the wound closed and the stitches were removed. Several days later the area became reddened with a red line up her arm with Vital signs were T-102, P-96, R-32. The MD started antibiotics for Cellulitis which she will continue on at home. SN has been ordered for assessment .

M00 #	Description	ICD-9 Code	Case Mix M1024	Manifestation M1024
M1020 a				
M1022 b				
c				
d				
e				
f				

Infection due to Central Venous Catheters

- 999.31 Other & unspecified infection due to central venous catheter

- 999.32 Bloodstream infection due to central venous catheter

- 999.33 Local infection due to central venous catheter

- 999.34 Acute infection following transfusion, infusion, or injection of blood & blood products.

999.3X Infection Central Venous Catheter

- Includes
- Central venous NOS
- Hickman Catheter
- PICC
- Port-a-cath
- Triple lumen catheter
- Umbilical venous catheter

Case 2: Infected Line

Mr. T was diagnosed with Lung cancer with mets to the Bone. He has a Portacath through which he received chemotherapy. The site has become itchy, red, and he states it is very painful. He was sent to the hospital where the Portacath was checked and he was started on a course of antibiotics and hydration. After a 2 day stay, he is ready for discharge with antibiotics and nursing services.

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Aftercare Joint Prosthesis

- **V54.82 Aftercare following joint explantation of joint prosthesis**
  - Removal of joint prosthesis
- **V88.2x Acquired absence of joint**
- **Use when joint prosthesis has to be removed due to complications**
  - 1 hip
  - 2 knee
  - 9 other joint

Case 3   Joint Infection

- Mrs. T had a knee replacement 20 weeks ago. She is having increased pain at night causing difficulty sleeping. She can not bear full weight on her right leg and can no longer ambulate without the use of a walker. She had several rounds of antibiotics for treatment; her leg is swollen, red and very painful. Blood levels showed raised levels of inflammation and aspiration of the joint reveals bacterial infection. The surgeon has removed the joint and inserted a spacer.

- Mrs. T will be placed on antibiotics for the next 6 weeks at which time another operation is scheduled to replace the joint. The MD has ordered SN to teach antibiotics & nutrition to promote healing, assess S&S infection, and lab draws; PT to eval home mobility & safety; and OT to assess ADL status.

Case 3: Inpatient

	Inpatient Facility Diagnosis - M1010	ICD-9-CM Code
a		
b		
c		
d		
e		
f		

M00 #	Description	ICD-9 Code	Case Mix M1024	Manifestation M1024
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Case 4: Revision TKR

- 79 year old male was admitted to the hospital in January for an elective R TKR secondary to DJD. He did well post op and was discharged home with services. He developed increased pain, edema of the R knee in February and was readmitted with a diagnosis of septic knee. Tests revealed positive MRSA and he was treated with IV antibiotic therapy. In March he underwent a resection arthroplasty of the R knee, I & D, and placement of an antibiotic impregnated spacer. He has completed his IV antibiotic treatment and is now admitted to the hospital for removal of the spacer and a revision of his R TKR. He continues on oral antibiotics until his next MD appointment in 10 days. Incision is clean and dry and orders are to clean with NS and cover with dry dressing. He will be receiving SN, PT and OT.

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Parkinsonism

- Parkinson's disease is a chronic, progressive disorder that damages or destroys nerve cells in the part of the brain controlling muscle movement.

332 Parkinson's disease
Excludes: dementia with Parkinsonism

- Primary or idiopathic 332.0

- Secondary Parkinson's disease 332.1 and E code

- Parkinson's disease associated with other conditions 333.-

- Parkinson's disease with dementia 331.82 and 294.1x

Alphabetical Index

ICD-9-CM

Parkinsonism (arteriosclerotic) (idiopathic) (primary) 332.0

-associated with orthostatic hypertension (idiopathic) (symptomatic) 333.0

-due to drugs 332.1

-neuroleptic-induced 332.1

-secondary 332.1

-syphilitic 094.82

ICD-10-CM

Parkinsonism (idiopathic) (primary) G20

- with neurogenic orthostatic hypotension (symptomatic) G90.3

- arteriosclerotic G21.4

- dementia G31.83 [F02.80]

- - with behavioral disturbance G31.83 [F02.81]

- due to

- - drugs NEC G21.19

- - - neuroleptic G21.11

- neuroleptic induced G21.11

- postencephalitic G21.3

- secondary G21.9

- - due to

- - - arteriosclerosis G21.4

- - - drugs NEC G21.19

Dementia with Lewy Bodies (331.82)

- Dementia with Parkinson's Disease
- Lewy body dementia
- Lewy body disease

- 331 Other cerebral degenerations
- Use additional code , where applicable, to identify dementia:
  - ☐ With behavioral disturbances (294.11)
  - ☐ Without behavioral disturbances (294.10)

DVT & Thrombophlebitis

- **Thrombosis, thrombotic (453.9)**

  -Femoral (vein) 453.9

    -Artery 444.22

    -Deep 453.41

    -Personal history of V12.51

    -With inflammation or phlebitis 451.11

    -NOS 453.40

- **Thrombophlebitis 451.9**

  -femoral 451.11

  History of DVT V12.51
  History of PE   V12.55

DVT

- If DVT is documented as a postoperative complication or iatrogenic,

  - ☐ First assign code 997.2, Peripheral vascular complication, not elsewhere classified,

  - ☐ Followed by the code for the specific DVT site.

    - If PE is also present with DVT, one of the following codes may also be assigned with the code for DVT:

      - ☐ 415.11, Iatrogenic pulmonary embolism and infarction;

      - ☐ 415.12, Septic pulmonary embolism (first code the underlying infection); and

      - ☐ 415.19, Other pulmonary embolism and infarction.

Official Coding Guidelines

- The physician may use the terms "DVT" and "thrombophlebitis" synonymously.

- According to coding directives, if both thrombophlebitis and DVT are documented, only a code for the thrombophlebitis is assigned (category 451).

- "If the physician lists only DVT as a diagnosis but the medical record documentation describes those conditions associated with thrombophlebitis, the physician should be queried" (AHA Coding Clinic for ICD-9-CM, 1992, first quarter, pages 15-16).

Dementia in Conditions Classified Elsewhere 294.X

⑤ **294.1** *Dementia in conditions classified elsewhere*
  Dementia of the Alzheimer's type
  Code first any underlying physical condition, as:
    Alzheimer's disease (331.0)
    cerebral lipidoses (330.1)
    dementia with Lewy bodies (331.82)
    dementia with Parkinsonism (331.82)
    epilepsy (345.0-345.9)
    frontal dementia (331.19)
    frontotemporal dementia (331.19)
    general paresis [syphilis] (094.1)
    hepatolenticular degeneration (275.1)
    Huntington's chorea (333.4)
    Jakob-Creutzfeldt disease (046.11-046.19)
    multiple sclerosis (340)
    Parkinson's disease (332.0)
    Pick's disease of the brain (331.11)
    polyarteritis nodosa (446.0)
    syphilis (094.1)

  Excludes: dementia:
        arteriosclerotic (290.40-290.43)
        presenile (290.10-290.13)
        senile (290.0)
      epileptic psychosis NOS (294.8)

Diabetic Manifestations

- **.4 with renal manifestations**
  - ☐ Diabetic Nephropathy
  - ☐ Diabetic CKD
- **.8 with other manifestations**
  - ☐ Diabetic osteomyelitis
  - ☐ Diabetic ulcer

Hypertension with...

Hypertension with Heart Disease 402.xx

- Heart conditions (425.8, 429.0-429.3, 429.8, 429.9) are assigned to a code from category 402 when a causal relationship is stated (due to hypertension) or implied (hypertensive).

- Use an additional code from category 428 to identify the type of heart failure in those patients with heart failure.

Hypertensive Chronic Kidney Disease 403.xx

- Assign codes from category 403, Hypertensive chronic kidney disease, when conditions classified to category 585 or code 587 are present with hypertension.

- Unlike hypertension with heart disease, ICD-9-CM presumes a cause-and-effect relationship and classifies chronic kidney disease (CKD) with hypertension as hypertensive chronic kidney disease.

Case 5: Diabetes CKD

Jill is returning home after an extended stay in the nursing home. She has DM with Chronic Kidney disease end stage and comorbidities of CHF, and HTN for many years. She had a stasis ulcer on her left leg which is healed; the skin is very fragile and will require observation. Her husband is very pleased she will be returning home. Arrangements have been made for her to start dialysis at the clinic and the MD has ordered skilled SN.

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Case 6: Cardiac, Diabetic, Renal

- Jill is ready for discharge after inpatient treatment for CHF and HTN. She has Diabetic neuropathy and continues to receive dialysis 3x week at the dialysis clinic for End Stage Renal Disease.

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Diabetic Osteomyelitis

- The physician must state a cause-and-effect relationship between the manifestation and the diabetes before it can be coded as a diabetic condition.

- Two exceptions to this rule are gangrene and osteomyelitis.
  - If a diabetic patient is admitted with gangrene or osteomyelitis with no other documented causes of those conditions, then it is automatically reported as a diabetic condition without a cause-and-effect relationship established by the physician (AHA Coding Clinic for ICD-9-CM, 2004, first quarter, pages 14-15).

- Diabetic Osteomyelitis 250.8 *[731.8]*

Diabetic Osteomyelitis

- **250.8 Diabetes with other specified manifestations**

- **Use additional code to identify manifestation as**
  - ☐ Diabetic bone changes (731.8)

- *731.8 Other bone involvement in diseases classified elsewhere*

- *Code first underlying disease as: diabetes (249.8, 250.8)*

- *Use additional code to specify bone condition such as*
  - ☐ *Acute osteomyelitis (730-730.09)*

Case 7: Diabetic Osteomyelitis

- Mr. D has Type 2 diabetes with osteomyelitis of the right foot. The physician orders 8 weeks of IV antibiotics after reviewing labs positive for staphylococcus. His insulin has been adjusted several times. MD has ordered skilled nursing to assess s/s infection and medication management.

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Secondary Diabetes 249.XX

- Includes:
  - ☐ Diabetes due to, in, secondary, with
  - ☐ drug induced or chemical induced
  - ☐ Infection
- Excludes:
  - ☐ Type I (250. XX)
  - ☐ Type II (250.XX)
  - ☐ Hyperglycemia (790.29)
  - ☐ Non-clinical diabetes (790.29)
  - ☐ Gestational (648.8)
  - ☐ Neonatal (775.1)

- Underlying Causes
- Chronic pancreatitis
- Cystic Fibrous
- Endocrine disorders such as Cushing's syndrome, hyperthyroidism
- Liver diseases such as Hep C
- Malignant neoplasm of pancreas
- Some carcinoid tumors
- Drugs & chemical agents
- Surgical treatments
  - ☐ Pancreatectomy

Official Coding Guidelines

- The sequencing of the secondary diabetes codes in relationship to codes for the cause of the diabetes is based on the reason for the encounter

- If a patient is seen for treatment of the secondary diabetes or one of its associated conditions, a code from category 249 is sequenced as the principal or first-listed diagnosis, with the cause of the secondary diabetes (e.g. cystic fibrosis) sequenced as an additional diagnosis.

- If, however, the patient is seen for the treatment of the condition causing the secondary diabetes (e.g., malignant neoplasm of pancreas), the code for the cause of the secondary diabetes should be sequenced as the principal or first-listed diagnosis followed by a code from category 249.

Pancytopenia

- Pancytopenia (acquired, 284.19
  - ☐ Congenital 284.09
  - ☐ Due to
    - antineoplastic chemotherapy
    - Drug, specified NEC 284.12

- 284.11 Antineoplastic chemotherapy induced pancytopenia
  - ☐ Excludes: aplastic anemia due to antineoplastic chemotherapy (284.89)
- 284.12 Other drug induced pancytopenia
  - ☐ Excludes: aplastic anemia due to drugs (284.89)

Case 8: Pancytopenia

- Mrs. M. has been receiving Methotrexate injections for her RA from the visiting nurse. Lately, she had been experiencing fatigue & weakness. At her MD appointment, he diagnosed pancytopenia secondary to drugs. MD ordered blood monitoring with CBC and liver function tests to be drawn by the lab. A new medication of folic acid 5 mg weekly was also ordered.

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Behavioral Health

- Abuse
- The term "abuse" indicates that withdrawal symptoms are not likely to occur when use is discontinued and is separately defined for drugs and alcohol.

- Dependence
- For coding purposes, the term "addiction" is not used, but is treated as synonymous with "dependence."
- Likewise, "alcoholism" is described as "alcohol dependence."

Pattern of Use

Abuse 305
5th digit

- The four patterns of use are defined as follows:

Dependence 304
5th digit

- Continuous use of
  - Drugs: daily or almost daily use
  - Alcohol: daily intake of large amounts of alcohol or regular heavy drinking on weekends or days off from work
- Episodic use of
  - Drugs: short periods between drug use or use on weekends
  - Alcohol: alcoholic binges lasting weeks or months, followed by long periods of sobriety
- Remission:
  - A complete cessation of alcohol or drug intake or a period of time during which a decrease toward cessation is taking place
- Unspecified: Unknown or not documented by physician

Medicare Coverage of Insulin Injections

- Home health policy regarding coverage of home health visits for the sole purpose of insulin injections is limited to patients that are physically or mentally unable to self-inject and there is no other person who is able and willing to inject the patient

Insulin Injection Assistance Table 34

- 164 choices of ICD-9-CM Codes for
  - ☐ Vision Impairments
  - ☐ Cognitive/Behavioral Impairments
  - ☐ Arthritis
  - ☐ Movement Disorders
  - ☐ After Effects from Stroke/Other Disorders of CNS/Intellectual Disabilities

What is included

- Diabetic background retinopathy (250.50; 362.01)

- Diabetic cataract (250.50; 366.41)

- Unspecified cataract (366.9); Legal blindness (369.4)

- Alzheimer's disease and dementias(331.0; 290's &294's)

- Arthritis (OA, RA, Arthritis with specific location identified 714-716)

- Parkinson's (332.0)

- Late effects of CVA with hemi (438.21-438.22)

- Intellectual disabilities (moderate, severe, profound 318.0-318.2)

What is not included

Cognitive/Behavioral	
295-299	Other Psychoses (includes Schizophrenic, Bipolar)*
After Effects from Stroke/Other Disorders of CNS/Intellectual Disabilities	
438.0	Late effects CVA with cognitive deficits
438.7	Late Effects CVA with disturbances in vision
340	Multiple Sclerosis
335.20	ALS
358.00- 358.01	Myasthenia gravis
334.0	Friedreich's ataxia
344.2	Diplegia of both upper limbs
317	Mild Intellectual Disabilities **
319	Unspecified Intellectual Disabilities (NOS Code)

Questions????

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