

Prepare for Thousands of Code Changes Coming Oct. 1

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Purpose of Coding

- Statistical data (mortality and morbidity)
- Clinical picture
- Payment
- Establish medical necessity for our claims
- Risk adjustment
- Compliance with applicable coding guidelines
- HIPAA Administrative Simplification Rule
 - October 16, 2003
 - Every provider/every payor



ICD-10-CM

- World health organization (WHO) publishes the ICD-10, the statistical classification of disease.
- National Center for Health Statistics (NCHS) publishes the ICD-10-CM, a morbidity classification for classifying diagnoses and reason for visits in all health care settings
- CMS and NCHS provide the guidelines for coding and reporting

Cooperating Parties

- The guidelines have been approved by four cooperating parties
 - American Hospital Association (AHA)
 - American Health Information management Association (AHIMA)
 - Centers for Medicare and Medicaid Services (CMS)
 - National Center for Health Statistics (NCHS)

Proposed 2018 Code Changes

- 324 new codes
- 44 revised codes
- 38 deleted codes
- Awaiting publication of the proposed conventions and guidelines

Chapter 1 Infectious and Parasitic Diseases

- A04.7 Enterocolitis due to Clostridium difficile will expand to:
- New Codes:
- A04.71 Enterocolitis due to clostridium difficile, recurrent
- A04.72 Enterocolitis due to clostridium difficile, not specified as recurrent

Note: A04.7 C difficile has been a case mix diagnosis.

Chapter 1

Infectious and Parasitic Diseases

- C. difficile infection is most commonly associated with health care and recent antibiotic use, occurring in hospitals and other health care facilities where a much higher percentage of people carry the bacteria.

Chapter 1

Infectious and Parasitic Diseases

- Spores from C. difficile bacteria are passed in feces and spread to food, surfaces and objects when people who are infected don't wash their hands thoroughly.
- These spores can persist in a room for weeks or months. If you touch a surface contaminated with C. difficile spores, you may then unknowingly swallow the bacteria.

Chapter 1

Infectious and Parasitic Diseases

- An aggressive strain of C. difficile has emerged that produces far more toxins than other strains do.
- The new strain may be more resistant to certain medications and has shown up in people who haven't been in the hospital or taken antibiotics.
- This strain of C. difficile has caused several outbreaks of illness since 2000.

Example

- Patient admitted with type 1 diabetes mellitus, ESRD, diabetic neuropathy and recurrent C difficile. Both nursing and therapy will be seeing the patient. Therapy will be working with the numbness and tingling.

Answer

- M1021: E10.42 Type 1 diabetes with polyneuropathy
- M1023: E10.22 Type 1 diabetes with chronic renal disease
- M1023: N18.6 End stage renal disease
- M1023: A04.71 Enterocolitis due to clostridium difficile, recurrent

Chapter 2 Neoplasms

- C96.2 will expand to:
- C96.20 Malignant mast cell neoplasm, unspecified
- C96.21 Aggressive systemic mastocytosis
- C96.22 Mast cell sarcoma
- C96.29 Other malignant mast cell neoplasm
- *Note: C96.2 has been case mix diagnosis*

Chapter 2 Neoplasms

- D47.0 will expand to:
- D47.01 Cutaneous mastocytosis
- D47.02 Systemic mastocytosis
- D47.09 Other mast cell neoplasms of uncertain behavior

- *Note: D47.0 has not been a case mix diagnosis*

Chapter 2 Neoplasms

- Mast cells are immune cells that produce a variety of mediators, such as histamine, that are important in the body's allergic responses.
- Systemic Mastocytosis is a disorder where mast cells are abnormally increased in multiple organs including the bone marrow.
- Malignant mast cells are neoplasms that may be aggressive

Chapter 2 Neoplasms

- Cutaneous mastocytosis is a form of mastocytosis that primarily affects the skin. There are three main forms that vary in severity:
- Maculopapular (also called urticaria pigmentosa)
- Solitary
- Diffuse
- There is also an extremely rare form called telangiectasia macularis eruptiva perstans

Example

- Patient admitted for aftercare of a splenectomy due to aggressive systemic mastocytosis. The patient will also receive interferon alfa-2b 4 million units subcutaneously once/wk x 6 wks.

Answer

- M1021: Z48.3 Aftercare following surgery for a neoplasm
- M1023: C96.21 Aggressive systemic mastocytosis
- M1023: Z79.899 Other high risk med
- M1023: Z90.81 Acquired absence of spleen

Chapter 4 Endocrine Chapter

- Two new codes:
- E11.10 Type 2 diabetes mellitus with ketoacidosis without coma
- E11.11 Type 2 diabetes mellitus with ketoacidosis with coma
- *Note: E10.10 is a case mix diagnosis*

Example

- Patient admitted with newly diagnosed Type 2 diabetes with ketoacidosis. Patient also has a left foot ulcer with fat layer exposed. The focus of care is teaching and training on new diabetic oral hypoglycemics and wound care to the ulcer.

Answer

- M1021: E11.10 Type 2 diabetes mellitus with ketoacidosis without coma
- M1023: E11.621 Type 2 diabetes with foot ulcer
- M1023: L97.422 non pressure chronic ulcer of left heel and mid foot with fat layer exposed
- M1023: Z79.84 Long term (current) use of oral hypoglycemic

Chapter 4 Endocrine

- 3 new codes:
- E85.81 Light chain (AL) amyloidosis
- E85.82 Wild-type transthyretin-related (ATTR) amyloidosis
- E85.89 Other amyloidosis
- Expanded for greater specificity

Note: E85.8 or 9 were not case mix codes

Chapter 5 Mental, Behavioral and Neurodevelopmental Disorders

- F50.82 Avoidant/restrictive food intake disorder
- Last year we got 2 other eating disorder codes and none were case mix

Chapter 6

Diseases of the Nervous System

- 3 new codes:
- G12.23 Primary lateral sclerosis
- G12.24 Familial motor neuron disease
- G12.25 Progressive spinal muscle atrophy

Note: G12.2 is currently a case mix sub category

Example

- Patient admitted with unsteady gait, multiple falls and a new diagnosis of primary lateral sclerosis. Both nursing and therapy will be seeing the patient

Answer

- M1021: G12.23 Primary lateral sclerosis
- M1023: Z91.81 History of falling

Note: R29.6, repeated falls, is listed for encounters when a patient has recently fallen and the reason for the fall is being investigated

Note: Z91.81, history of falling, is listed when a patient has fallen in the past and is at risk for future falls

Chapter 7 Diseases of the Eye and Adnexa

- 55 new codes:
- 20 of the 55 further specify the type of degenerative myopia
- 9 of the 55 further specify blindness in both eyes. The inclusion note under H54.0 was developed into distinct codes identifying the category of visual impairment and laterality

Chapter 7

Diseases of the Eye and Adnexa

- 12 of the 55 new codes further specify blindness in one eye with low vision in the other eye. The inclusion note under H54.1 was developed into distinct codes identifying the category of visual impairment and laterality
- 4 of the 55 new codes further specify low vision in both eyes. The inclusion note under H54.2 was developed into distinct codes identifying the category of visual impairment and laterality

Chapter 7

Diseases of the Eye and Adnexa

- 6 of the 55 new codes further specify blindness in one eye with normal vision in the other eye. The inclusion note under H54.4 was developed into distinct codes identifying the category of visual impairment and laterality
- 4 of the 55 new codes further specify low vision in one eye with normal vision in the other eye. The inclusion note under H54.5 was developed into distinct codes identifying the category of visual impairment and laterality

Example

- Current Code:
 - H44.21 Degenerative myopia, right eye
- New Code:
 - H44.2A1 Degenerative myopia with choroidal neovascularization, right eye

Example

- Current Code:
- H54.4 Blindness in one eye
 - Distinct codes were developed from the inclusion note at H54.4
- New Code:
- H54.42A3 Blindness left eye category 3, normal vision right eye

- eye
- H54.12** Blindness, left eye, low vision right eye
 - H54.2** Low vision, both eyes
Visual impairment categories 1 or 2 in both eyes.
 - H54.3** Unqualified visual loss, both eyes
Visual impairment category 9 in both eyes.
 - H54.4** Blindness, one eye
Visual impairment categories 3, 4, 5 in one eye [normal vision in other eye]
 - H54.40** Blindness, one eye, unspecified eye
 - H54.41** Blindness, right eye, normal vision left eye
 - H54.42** Blindness, left eye, normal vision right eye
 - H54.5** Low vision, one eye
Visual impairment categories 1 or 2 in one eye [normal vision in other eye].
 - H54.50** Low vision, one eye, unspecified eye
 - H54.51** Low vision, right eye, normal vision left eye
 - H54.52** Low vision, left eye, normal vision

Chapter 9

Diseases of the Circulatory System

- 7 new pulmonary hypertension codes
- Current code:
 - 127.0 Primary pulmonary hypertension

Note: is not a case mix code

Chapter 9

Diseases of the Circulatory System

- New codes:
- I27.20 Pulmonary hypertension, unspecified
- I27.21 Secondary pulmonary arterial hypertension
- I27.22 Pulmonary hypertension due to left heart disease
- I27.23 Pulmonary hypertension due to lung diseases and hypoxia
- I27.24 Chronic thromboembolic pulmonary hypertension
- I27.29 Other secondary pulmonary hypertension
- I27.83 Eisenmenger's syndrome

Chapter 10

Diseases of the Respiratory System

- Current Code:
 - J15.6 Pneumonia due to other **aerobic** Gram-negative bacteria
- Code revision:
 - J15.6 Pneumonia due to other Gram-negative bacteria

Chapter 9

Diseases of the Respiratory System

- Aerobic bacteria require oxygen to grow.
- Gram-negative bacteria are spread worldwide, in virtually all environments that support life
- The gram-negative bacteria include Escherichia coli, as well as Pseudomonas

Chapter 11

Diseases of the digestive System

- 23 new codes:
- 8 of the 23 are more specific codes describing receding gum lines
- 12 of the 23 are more specific codes describing partial or complete intestinal obstructions
- 3 of the 23 are more specific codes describing an abscess
- Example:
 - K61.31 Horseshoe abscess

Chapter 12

Diseases of the Skin and Subcutaneous Tissue

- 72 new codes:
- All 72 further specify the severity of a non-pressure chronic ulcer of the lower extremity

Note: Current codes, other than unspecified are case mix codes

Chapter 12

Diseases of the Skin and Subcutaneous Tissue

- New Code Examples:
- L97.325 Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis
- L97.326 Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis
- L97.328 Non-pressure chronic ulcer of left ankle with other specified severity

Chapter 12

Diseases of the Skin and Subcutaneous Tissue

- New Code Examples:
- L98.415 Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis
- L98.416 Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis
- L98.418 Non-pressure chronic ulcer of buttock with other specified severity

Example

- Patient was referred to home care for wound care to two stasis ulcers due to chronic venous hypertension. The ulcer on her left calf has muscle involvement with necrosis. The ulcer on her right calf has muscle involvement without necrosis.

Answer

- M1021: I87.312 Chronic venous HTN with ulcer of left LE
- M1023: L97.223 Non-pressure ulcer of left calf with necrosis of muscle
- M1023: L97.225 Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis

Chapter 13 Diseases of the Musculoskeletal System

- 5 New codes:
- 3 of the 5 are more specific codes describing dermatomyositis
- 2 of the 5 are more specific codes describing spinal stenosis, lumbar region with or without neurogenic claudication

Chapter 14

Diseases of the Genitourinary System

- 15 new codes:
- All 15 codes are unspecified codes that replaced a three character unspecified code; N63
- All codes represent an unspecified lump in the breast. Many offer laterality and location
- Example:
 - N63.11 Unspecified lump in the right breast, upper outer quadrant

Chapter 17

Congenital Malformations, Deformations and Abnormalities

- 6 new codes:
- All are more specific codes describing congenital anomalies with testes
- Example:
 - Q53.211 Bilateral intra-abdominal testes

Chapter 18

Symptoms, Signs and Abnormal Findings

- 3 new codes:
- R06.03 Acute respiratory distress
- R39.83 Unilateral non-palpable testicle
- R39.84 Bilateral non-palpable testicles

Chapter 19

Injury, Poisoning and Certain Other External Causes

- 12 new codes
- 9 of the 12 are unspecified or NEC codes describing injuries of an unspecified body region.
- 3 of the 12 provide a 7th character (initial, subsequent, sequela) for a suicide attempt

Chapter 20

External Causes of Morbidity

- 54 new codes:
- All the codes describe accidents via dirt bike or all terrain vehicles
- Example:
 - V86.56XD Driver of dirt bike or motor/cross bike injured in nontraffic accident, subsequent encounter

Chapter 21

Factors Influencing Health Status and Contact with Health Services

- Six new codes:
- Z40.03 Encounter for prophylactic removal of fallopian tube(s)
- Z71.82 Exercise counseling
- Z91.841 Risk for dental caries, low
- Z91.842 Risk for dental caries, moderate
- Z91.843 Risk for dental caries, high
- Z91.849 Unspecified risk for dental caries

AHA Coding Clinic

- Promotes uniformity of health care data by collaborating on the establishment of coding and classification standards and guidelines across health care settings.
- Identifies and resolves coding and classification needs and provides expert advice by serving as the clearinghouse for the dissemination of coding information
- Recommends revisions to CMS, and NCHS that ensure that the classification remains current, viable and robust.

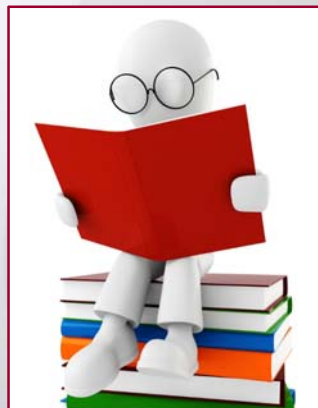
AHA Coding Clinic Update

- Published quarterly
- Online subscription
- ICD-10-CM and ICD-10-PCS
- Responses to individual questions have different level of import vs. information published in quarterly updates

Coding Rules of Hierarchy

- **Official/Approved Coding Sources:**
 - Official coding guidelines published yearly
 - Coding Clinic quarterly publication is an approved adjunct to the official coding guidance
- **Allowable Coding Sources:**
 - OASIS (Chapter 3) is allowed source but does not rise to the level of official coding guidelines
 - OASIS Q&A is allowed source but does not rise to the level of official coding guidelines

Q1 2017 Coding Clinic Update



Question

- A patient presents to the physician's office with complaints of urinary frequency and burning. The physician ordered a urinalysis and the findings were positive for bacteria and increased white blood cells (WBCs) in the urine.
- Based on these findings a urine culture was ordered, which demonstrated high levels of bacteria consistent with urinary tract infection.
- Should the lab report the urinary tract infection, or is it more appropriate for the lab to report the signs and symptoms when submitting the claim?

Answer

- Since this test does not have physician interpretation, the laboratory (independent or hospital-based) should report codes for the symptoms (i.e., urinary frequency and burning), unless the laboratory calls the physician to confirm a diagnosis of urinary tract infection.

Question

- Does the advice published in Coding Clinic, Third Quarter 2016, pages 15-16, regarding chronic obstructive pulmonary disease (COPD) and pneumonia apply to all pneumonias, including aspiration pneumonia?
- Is the correct sequencing J44.0 and J69.0, in that order, or would the instructional note not apply to aspiration pneumonia and COPD?

Answer

- No, the instructional note at code J44.0, Chronic obstructive pulmonary disease, with acute lower respiratory infection, stating “Use additional code to identify the infection,” does not apply to aspiration pneumonia.
- The ICD-10-CM code for aspiration pneumonia does not fall in the “respiratory infection” codes.

Answer Continued

- Code J69.0, Pneumonitis due to inhalation of food and vomit, is under the section titled “Lung diseases due to external agents.”
- Aspiration pneumonia is an inflammation of the lungs caused by the inhalation of solid and/or liquid matter.

Answer Continued

- Assign codes J44.9, Chronic obstructive pulmonary disease, unspecified, and J69.0, Pneumonitis due to inhalation of food and vomit, for a patient with chronic obstructive pulmonary disease and aspiration pneumonia.
- Sequencing of the two conditions will depend on the circumstances of admission.

Question

- Does the instructional note providing sequencing guidance at code J44.0, Chronic obstructive pulmonary disease with acute lower respiratory infection, apply also to ventilator associated pneumonia?

Answer

- No, the instructional note “Use additional code to identify the infection,” at code J44.0 does not apply to ventilator associated pneumonia.
- The ICD-10- CM code for ventilator associated pneumonia does not fall in the “respiratory infection” codes. Code J95.851, Ventilator associated pneumonia, is under the section titled “Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified.”

Answer Continued

- Assign codes J44.9, Chronic obstructive pulmonary disease, unspecified, and J95.851, Ventilator associated pneumonia, for a patient with chronic obstructive pulmonary disease and ventilator associated pneumonia.
- Sequencing will depend on the circumstances of admission.

Question

- The patient has chronic obstructive pulmonary disease (COPD) with asthma. Is code J44.9, Chronic obstructive pulmonary disease, unspecified, sufficient, or is an additional code needed for the asthma when the asthma is not further specified?

Answer

- If the specific type of asthma is documented, assign an additional code for the asthma. If, however, the type of asthma is not further specified, do not assign code J45.909, Unspecified asthma, uncomplicated, separately.
- The instructional note under category J44, Other chronic obstructive pulmonary disease, states “code also type of asthma, if applicable (J45-).”
- “Unspecified” isn’t a type of asthma.

Question

- When a patient with asthma and chronic obstructive pulmonary disease has an acute exacerbation of COPD, is the asthma reported as exacerbated or unspecified?

Answer

- If the health record documentation is not clear whether the asthma is acutely exacerbated, query the provider for clarification.
- An exacerbation of COPD does not automatically make the asthma exacerbated.

Question

- The patient developed necrosis of the skin and soft tissue because of radiation therapy. ICD-10-CM's Alphabetic Index under necrosis, radiation states, "see Necrosis, by site."
- However, there is no entry for soft tissue necrosis.
- What is the appropriate code assignment for soft tissue radionecrosis (STRN)?

Answer

- Assign code L59.8, Other specified disorders of skin and subcutaneous tissue related to radiation, for skin and soft tissue radionecrosis and code Y84.2, Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient or of later complication without mention of misadventure at the time, to describe the external cause.

Question

- What is the correct ICD-10-CM diagnosis code assignment for an adult patient with a documented body mass index (BMI) of 19.5?

Answer

- Assign code Z68.1, Body mass index (BMI) 19 or less, adult, for an adult BMI documented as 19.5.

Question

- A patient with dementia, who is confined to a nursing home, was admitted to the hospital after falling from his wheelchair. The provider's final diagnostic statement listed, "Toxic encephalopathy due to ciprofloxacin."
- When queried, the provider confirmed that the antibiotic had been properly administered.
- We are confused by the note at G92, Toxic encephalopathy instructing to "Code first (T51-T65) to identify toxic agent."
- Can code G92 be assigned along with the adverse effect T-code?

Answer

- Yes. Since this is an adverse reaction to medication, assign code G92, Toxic encephalopathy, as the principal diagnosis.
- Assign code T36.8X5A, Adverse effect of other systemic antibiotics, initial encounter, as an additional diagnosis.
- The code first note is intended to provide sequencing guidance when coding toxic effects.
- However, the instructional note does not prohibit assigning code G92 along with adverse effect codes.

Question

- There is no default code for “uncontrolled diabetes.” Effective October 1, 2016, uncontrolled diabetes is classified by type and whether it is hyperglycemia or hypoglycemia.
- If the documentation is not clear, query the provider for clarification whether the patient has hyperglycemia or hypoglycemia so that the appropriate code may be reported

Answer

- Uncontrolled diabetes indicates that the patient's blood sugar is not at an acceptable level, because it is either too high or too low.
- In the ICD-10-CM Index to Diseases, uncontrolled diabetes can be referenced as follows:

Answer Continued

- Diabetes, diabetic (mellitus) (sugar) uncontrolled
meaning
 hyperglycemia – see Diabetes, by type, with hyperglycemia

 hypoglycemia – see Diabetes, by type, with hypoglycemia

Question

- What is the correct code assignment for a diagnosis of Alzheimer's disease without provider documentation of dementia?
- When referencing the Alphabetic Index, the coding professional is directed to codes G30.9, Alzheimer's disease, unspecified, and [F02.80], Dementia in other diseases classified elsewhere without behavioral disturbance.
- Based on this index entry, are two codes required, or must the provider specifically document Alzheimer's disease with dementia?

Answer

- Dementia is an inherent part of Alzheimer's disease; therefore, the provider does not need to separately document it.
- Assign code G30.9, Alzheimer's disease, unspecified, followed by code F02.80, Dementia in other diseases classified elsewhere, without behavioral disturbance.

Answer Continued

- In the Alphabetic Index, code G30.9 is listed first, followed by code F02.80 or F02.81 in brackets.
- Code G30.9 represents the underlying etiology, Alzheimer's disease, and must be sequenced first, whereas codes F02.80 and F02.81 represent the manifestation of dementia in diseases classified elsewhere, with or without behavioral disturbance.

Question

- If a provider documents type 2 myocardial infarction (T2MI) due to demand ischemia, how should it be coded?

Answer

- Assign code I21.4, Non-ST elevation (NSTEMI) myocardial infarction, for a T2MI.
- Typically, a type 2 myocardial infarction is marked by non-ST elevation, and occurs secondary to cardiac stress due to other causes (i.e., ischemia resulting from a supply-and-demand mismatch), without atherosclerotic plaque rupture, but with myocardial necrosis.
- Therefore, code a type 2 myocardial infarction as a NSTEMI, unless otherwise documented as STEMI.

Question

- Per the American College of Cardiology and the American Heart Association, a patient with “stage A heart failure” is at risk to develop the condition, but does not have it yet.
- Is it appropriate to assign code I50.9, Heart failure, unspecified, when the physician documents stage A heart failure?

Answer

- No, it is not appropriate to assign code I50.9, Heart failure, unspecified, as the patient does not have heart failure.
- The American Heart Association defines stage A heart failure as the presence of heart failure risk factors but no heart disease and no symptoms.

Answer Continued

- Assign code Z91.89, Other specified personal risk factors, not elsewhere classified, for the increased risk.
- Although the patient is at risk for heart failure, he currently does not have the disease.
- If there are other conditions and/or factors which influence the risk, such as hypertension, coronary artery disease, valvular disease, etc., assign additional codes for those conditions.

Question

- How should acutely decompensated congestive heart failure with diastolic or systolic dysfunction be coded in ICD-10-CM?
- There is no longer an index entry for diastolic/systolic dysfunction.
- For example, a patient is admitted for treatment of acute congestive heart failure. The provider documents, “Acutely decompensated congestive heart failure with diastolic dysfunction.”
- Can this be coded as acute diastolic congestive heart failure?

Answer

- If the provider links acute congestive heart failure with diastolic dysfunction, assign code I50.31, Acute diastolic (congestive) heart failure, as the principal diagnosis.
- When the provider has linked either diastolic or systolic dysfunction with acute or chronic heart failure, it should be coded as “acute/chronic diastolic or systolic heart failure.”
- If there is no provider documentation linking the two conditions, assign code I50.9, Heart failure, unspecified.

Question

- In the guideline for hypertension with heart disease, category I50, Heart failure, is included in the list of heart conditions that are classified as hypertensive heart disease, but it is not included in the Alphabetic Index nor Tabular List.
- Is congestive heart failure (CHF) in a patient with hypertension coded as hypertensive heart disease with failure, when the provider's documentation has not explicitly linked the two conditions?

Answer

- Assign code I11.0, Hypertensive heart disease, with failure, along with the appropriate code from category I50, Heart failure, for CHF in a patient with hypertension.
- The classification presumes a causal relationship between hypertension and heart involvement unless the provider documents that the conditions are unrelated.

Answer Continued

- Although heart failure is not in the list of heart conditions in the inclusion note, in ICD-10-CM, there is a note instructing “Use additional code to identify type of heart failure” in the Tabular List.
- The code range under category I11, Hypertensive heart failure, is not intended to be an all-inclusive list.
- The range of heart conditions in the Alphabetic Index and Tabular List will be considered for future modification through the Coordination and Maintenance Committee.

Question

- A patient presented with weakness of the right arm due to an old cerebrovascular accident (CVA).
- The provider documented, “h/o CVA with mild residual right arm weakness.”
- How would weakness of one extremity (upper or lower) be coded in a patient who is post CVA?

Answer

- Assign the appropriate code from subcategory 169.33-, Monoplegia of upper limb following cerebral infarction, or
- 169.34-, Monoplegia of lower limb following cerebral infarction, for upper or lower limb weakness that is clearly associated with a CVA.

Question

- Can code Z51.5, Encounter for palliative care, be listed as the principal diagnosis or first-listed diagnosis when the reason for the encounter is to receive palliative care?

Answer

- Yes, assign code Z51.5, Encounter for palliative care, as principal diagnosis when palliative care is documented as the reason for the patient's admission.
- Code Z51.5, may be listed either as principal diagnosis or as an additional diagnosis, depending on the circumstances of the admission.

Clarification

- The guideline requiring two codes for evolving pressure ulcers does not apply to home health reporting. The guideline was intended for inpatient hospital reporting to allow the most accurate reporting of the present on admission (POA) indicator in order to track the change in stage during an inpatient admission.

Q2 2017 Coding Clinic Update



Question

- A patient diagnosed with dementia due to Parkinson's disease and aggressive behavior is admitted for treatment.
- The ICD-10-CM Alphabetic Index to Diseases and Injuries for Parkinson's dementia with behavioral disturbance seems inconsistent.
- Depending on which Index entry is used, either code G20, Parkinson's disease or code G31.83, Dementia with Lewy bodies, is assigned.

Question Continued

- The Alphabetic Index entry for “Dementia” has subentries for Parkinsonism (G31.81) and Parkinson’s disease (G20). However, the Index entry for Parkinson’s disease directs to see Parkinsonism. This instructional note is mandatory and indicates Parkinson’s disease is coded as Parkinsonism.
- What is the appropriate code assignment for Parkinson’s dementia with aggressive behavior?

Answer

- Assign codes G20, Parkinson’s disease, and F02.81, Dementia in other diseases classified elsewhere with behavioral disturbance, for Parkinson’s dementia with aggressive behavior.

Question

- A patient with a recent non-ST elevated myocardial infarction (NSTEMI) was diagnosed with a myocardial rupture in the basilar wall.
- The myocardial rupture was diagnosed outside the 28-day post myocardial infarction (MI) period.
- Per coding guidelines, a code from category I22 must be used when a patient has a new acute myocardial infarction (AMI) within 4 weeks of an initial AMI.
- How is a myocardial rupture coded, when the condition was diagnosed outside of the 28-day period?

Answer

- Assign code I23.3, Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction.
- Code I23.3 indicates the patient had a previous MI; therefore, an additional code is not assigned for the previous NSTEMI.
- The term “within the 28-day period” is a nonessential modifier at category I23, Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction, that may be present or absent in the statement of the disease, and does not affect code assignment.

Question

- In the ICD-10-CM Index to Diseases, history of drug dependence has a note to “see Dependence, drug, by type, in remission.”
- However, history of tobacco/nicotine dependence is indexed to code Z87.891, Personal history of nicotine dependence.
- The instructions to code history of drug dependence as remission, and history of tobacco dependence as history, appear to be inconsistent and seem to conflict with the guideline to assign a code for remission when documented by the provider.
- When do you report drug remission versus drug history?

Answer

- Codes for drug dependence with remission and history of nicotine dependence are assigned based on how the condition is indexed in the classification.

Answer Continued

- For example, if the provider documents history of cocaine dependence, assign code F14.21, Cocaine dependence, in remission.
- Assign code Z87.891, Personal history of nicotine dependence, for history of tobacco dependence.
- The ICD-10-CM classifies a history of nicotine dependence differently than other types of drug dependence, and there is a unique code for “history of nicotine dependence.”
- This is an exception, to drug dependence, as history of drug dependence is classified by “type of drug, in remission.”

Answer Continued

- The Index entries are not inconsistent, but rather, they reflect clinical differences between dependence on nicotine versus other types of drugs.
- The ICD-10-CM Official Guidelines for Coding and Reporting will be revised to state that codes for drug dependence “in remission” should be assigned when instructed by the classification (as well as when the provider specifically documents “in remission”).

Question

- A patient has begun using e-cigarettes and has not yet stopped smoking regular cigarettes. What codes should be assigned?

Answer

- Assign both code F17.210, Nicotine dependence, cigarettes, uncomplicated, and code F17.290, Nicotine dependence, other tobacco product, uncomplicated, in order to capture the fact that the patient is still smoking and is using e-cigarettes.

Questions?

Submit a question:

Go to the chat pod located in the lower left corner of your screen. Type your question in the text box then click on the "Send" button.

Thank You! Contact Information

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