Please note: Starting 30 minutes before the program begins, you should hear hold music after logging in to the webinar room. The room will be silent at other times. If you experience any technical difficulties, please contact our help desk at 877-297-2901.

We will begin shortly!

Get Updated on FY2018 Codes and Guidelines Set to Take Effect Oct. 1

A WEBINAR PRESENTED ON SEPTEMBER 28, 2017

DecisionHealth
an H3.Group brand

Get Updated on FY2018 Codes and Guidelines Set to Take Effect Oct. 1

A WEBINAR PRESENTED ON SEPTEMBER 28, 2017

DecisionHealth
an H3.Group brand

DecisionHealth
an HCI Group brand

Presented By

Tricia A. Twombly, AHIMA-Approved ICD-10-CM Certified Trainer and ICE Certified Credentialing Specialist, brings over 30 years of homecare experience to her role as a senior director for DecisionHealth. She serves as the CEO of the Board of Medical Specialty Coding and Compliance and the Association of Homecare Coding and Compliance. Twombly serves as advising editor for the *Home Health Diagnosis Coding Manual,* technical reviewer for the *Diagnosis Coding Pro Journal,* and technical editor for the BMSC online course libraries. She has written numerous articles and white papers, and is a nationally recognized speaker in the home health and hospice industry.

DecisionHealth
an HCI Group brand

2018 ICD-10-CM Code Update

DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

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)

2018 Code Changes

- 324 new codes
- 44 revised codes
- 38 deleted codes
- Official Guidance published August 10th
- Effective October 1, 2017

DecisionHealth
an HCI Group brand

Chapter 1
Infectious and Parasitic Diseases

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

Note: A04 remain case mix diagnoses.

DecisionHealth
an HCI Group brand

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.

DecisionHealth
an HCI Group brand

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.

DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

Chapter 2
Neoplasms

- C96.2 expands 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 remains case mix diagnoses*

DecisionHealth
an HCI Group brand

Chapter 2
Neoplasms

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

- *Note: D47 is not a case mix category*

DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

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.

DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

2018 New Codes

- Diabetic ketoacidosis is a life-threatening problem that affects people with diabetes.
- It occurs when the body cannot use sugar (glucose) as a fuel source because there is no insulin or not enough insulin.
- Fat is used for fuel instead. When fat is broken down to fuel the body, chemicals called ketones build up in the body.
- Type II diabetics can also develop DKA, but it is less common and is usually triggered by uncontrolled blood sugar, missing doses of medicines, or a severe illness.

DecisionHealth
an HCI Group brand

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: E11.10 is a case mix diagnosis*

DecisionHealth
an HCI Group brand

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.

DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

'With' Convention

- The word "with" **or "in"** should be interpreted to mean "associated with" or "due to" when it appears in a code title, the alphabetic Index, or an instructional note in the Tabular List
- The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List

DecisionHealth
an HCI Group brand

'With' Convention

- These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated **or when another guideline exists that specifically requires a documented linkage between two conditions (e.g., sepsis guideline for "acute organ dysfunction that is not clearly associated with the sepsis".**

DecisionHealth
an HCI Group brand

'With' Convention

- For conditions not specifically linked by these relational terms in the classification **or when a guideline requires that a linkage between two conditions be explicitly documented**, provider documentation must link the conditions in order to code them as related

DecisionHealth
an HCI Group brand

In Other Words

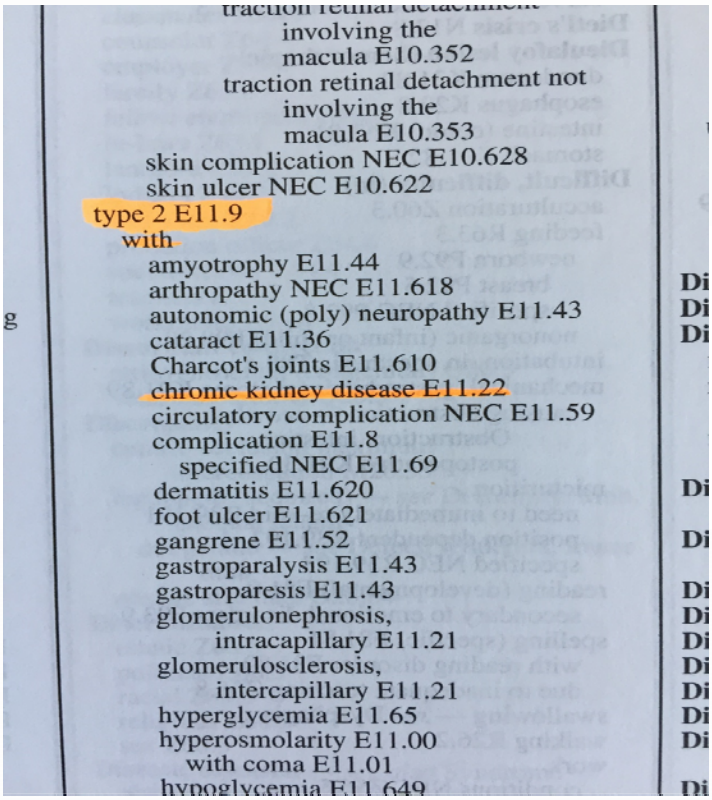
- It's not the coder that assumes—the classification assumes a cause and effect relationship between condition and the listed manifestations
- The only time you do not code those manifestations specifically listed with or in the condition, is if the physician has documented a different cause.
  - It is imperative that all documentation be reviewed for indications that there is another cause before assigning the manifestation to the condition.

DecisionHealth
an HCI Group brand

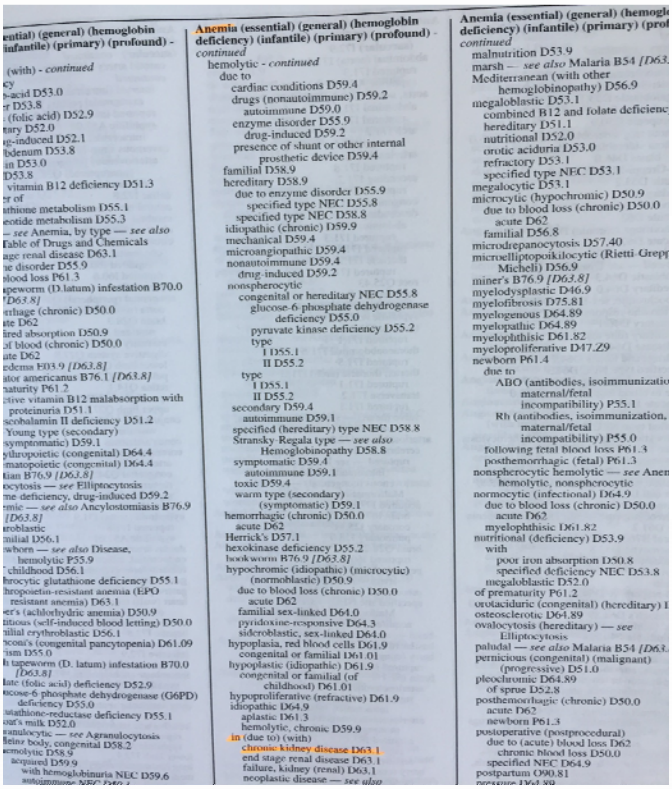
Example

- Patient admitted to home health with anemia, diabetes and stage 3 chronic kidney disease. The focus of care is the anemia.
- M1021: E11.22 Type 2 diabetes with CKD
- M1023: N18.3 Chronic kidney disease stage 3
- M1023: D63.1 anemia in chronic kidney disease

DecisionHealth
an HCI Group brand


traction retinal detachment
involving the
macula E10.352
traction retinal detachment not
involving the
macula E10.353
skin complication NEC E10.628
skin ulcer NEC E10.622
type 2 E11.9
with
amyotrophy E11.44
arthropathy NEC E11.618
autonomic (poly) neuropathy E11.43
cataract E11.36
Charcot's joints E11.610
chronic kidney disease E11.22
circulatory complication NEC E11.59
complication E11.8
specified NEC E11.69
dermatitis E11.620
foot ulcer E11.621
gangrene E11.52
gastroparalysis E11.43
gastroparesis E11.43
glomerulonephrosis,
intracapillary E11.21
glomerulosclerosis,
intercapillary E11.21
hyperglycemia E11.65
hyperosmolarity E11.00
with coma E11.01
hypoglycemia E11.649

DecisionHealth
an HCI Group brand



Anemia (essential) (general) (hemoglobin deficiency) (infantile) (primary) (profound) - *continued*
hemolytic - *continued*
due to
cardiac conditions D59.4
drugs (nonautoimmune) D59.2
autoimmune D59.0
enzyme disorder D55.9
drug-induced D59.2
presence of shunt or other internal prosthetic device D59.4
familial D58.9
hereditary D58.9
due to enzyme disorder D55.9
specified type NEC D55.8
specified type NEC D58.8
idiopathic (chronic) D59.9
mechanical D59.4
microangiopathic D59.4
nonautoimmune D59.4
drug-induced D59.2
nonspherocytic
congenital or hereditary NEC D55.8
glucose-6-phosphate dehydrogenase deficiency D55.0
pyruvate kinase deficiency D55.2
type
I D55.1
II D55.2
type
I D55.1
II D55.2
secondary D59.4
autoimmune D59.1
specified (hereditary) type NEC D58.8
Stransky-Regala type — *see also* Hemoglobinopathy D58.8
symptomatic D59.4
autoimmune D59.1
toxic D59.4
warm type (secondary) (symptomatic) D59.1
hemorrhagic (chronic) D50.0
acute D62
Herrick's D57.1
hexokinase deficiency D55.2
hookworm B76.9 *[D63.8]*
hypochromic (idiopathic) (microcytic) (normoblastic) D50.9
due to blood loss (chronic) D50.0
acute D62
familial sex-linked D64.0
pyridoxine-responsive D64.3
sideroblastic, sex-linked D64.0
hypoplasia, red blood cells D61.9
congenital or familial D61.01
hypoplastic (idiopathic) D61.9
congenital or familial (of childhood) D61.01
hypoproliferative (refractive) D61.9
idiopathic D64.9
aplastic D61.3
hemolytic, chronic D59.9
in (due to) (with)
chronic kidney disease D63.1
end stage renal disease D63.1
failure, kidney (renal) D63.1
neoplastic disease — *see also*

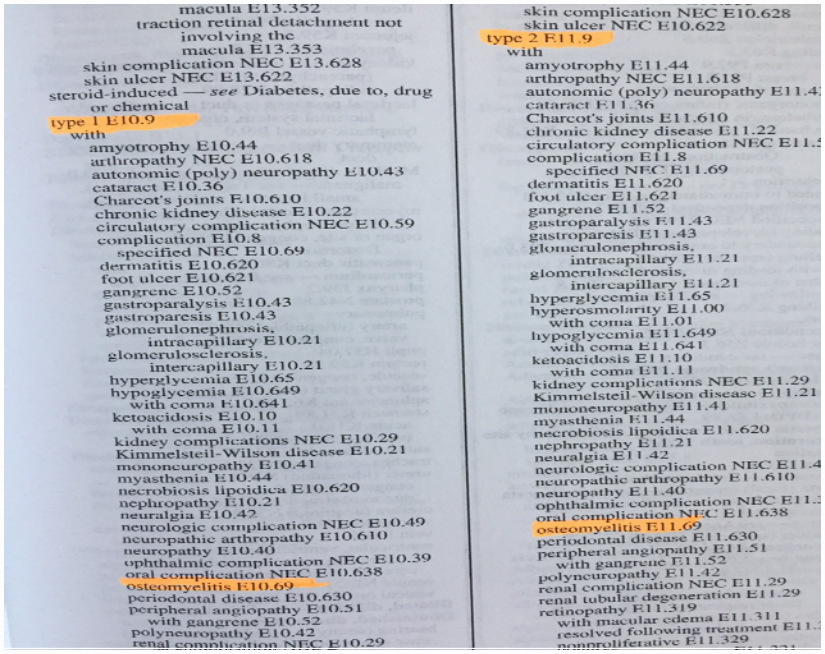
Anemia (essential) (general) (hemoglobin deficiency) (infantile) (primary) (prof
continued
malnutrition D53.9
marsh — *see also* Malaria B54 *[D63.*
Mediterranean (with other hemoglobinopathy) D56.9
megaloblastic D53.1
combined B12 and folate deficienc
hereditary D51.1
nutritional D52.0
orotic aciduria D53.0
refractory D53.1
specified type NEC D53.1
megalocytic D53.1
microcytic (hypochromic) D50.9
due to blood loss (chronic) D50.0
acute D62
familial D56.8
microdrepanocytosis D57.40
microelliptopoikilocytic (Rietti-Grepp Micheli) D56.9
miner's B76.9 *[D63.8]*
myelodysplastic D46.9
myelofibrosis D75.81
myelogenous D64.89
myelopathic D64.89
myelophthisic D61.82
myeloproliferative D47.Z9
newborn P61.4
due to
ABO (antibodies, isoimmunizatio maternal/fetal incompatibility) P55.1
Rh (antibodies, isoimmunization, maternal/fetal incompatibility) P55.0
following fetal blood loss P61.3
posthemorrhagic (fetal) P61.3
nonspherocytic hemolytic — *see* Anem hemolytic, nonspherocytic
normocytic (infectional) D64.9
due to blood loss (chronic) D50.0
acute D62
myelophthisic D61.82
nutritional (deficiency) D53.9
with
poor iron absorption D50.8
specified deficiency NEC D53.8
megaloblastic D52.0
of prematurity P61.2
orotacidiuric (congenital) (hereditary)
osteosclerotic D64.89
ovalocytosis (hereditary) — *see* Elliptocytosis
paludal — *see also* Malaria B54 *[D63.*
pernicious (congenital) (malignant) (progressive) D51.0
pleochromic D64.89
of sprue D52.8
posthemorrhagic (chronic) D50.0
acute D62
newborn P61.3
postoperative (postprocedural)
due to (acute) blood loss D62
chronic blood loss D50.0
specified NEC D64.9
postpartum O90.81

DecisionHealth
an HCI Group brand

NEC Manifestations

- Arthropathy NEC
- Circulatory complication NEC
- Complication, specified NEC
- Kidney complications NEC
- Neurologic complication NEC
- Oral complication NEC
- Skin complication NEC
- *Note: The provider documentation must link the conditions in order to code NEC manifestations as related*

2018 Index
Osteomyelitis



macula E13.352
traction retinal detachment not involving the macula E13.353
skin complication NEC E13.628
skin ulcer NEC E13.622
steroid-induced — *see* Diabetes, due to, drug or chemical
type 1 E10.9
with
amyotrophy E10.44
arthropathy NEC E10.618
autonomic (poly) neuropathy E10.43
cataract E10.36
Charcot's joints E10.610
chronic kidney disease E10.22
circulatory complication NEC E10.59
complication E10.8
specified NEC E10.69
dermatitis E10.620
foot ulcer E10.621
gangrene E10.52
gastroparalysis E10.43
gastroparesis E10.43
glomerulonephrosis, intracapillary E10.21
glomerulosclerosis, intercapillary E10.21
hyperglycemia E10.65
hypoglycemia E10.649
with coma E10.641
ketoacidosis E10.10
with coma E10.11
kidney complications NEC E10.29
Kimmelsteil-Wilson disease E10.21
mononeuropathy E10.41
myasthenia E10.44
necrobiosis lipoidica E10.620
nephropathy E10.21
neuralgia E10.42
neurologic complication NEC E10.49
neuropathic arthropathy E10.610
neuropathy E10.40
ophthalmic complication NEC E10.39
oral complication NEC E10.638
osteomyelitis E10.69
periodontal disease E10.630
peripheral angiopathy E10.51
with gangrene E10.52
polyneuropathy E10.42
renal complication NEC E10.29
skin complication NEC E10.628
skin ulcer NEC E10.622
type 2 E11.9
with
amyotrophy E11.44
arthropathy NEC E11.618
autonomic (poly) neuropathy E11.4
cataract E11.36
Charcot's joints E11.610
chronic kidney disease E11.22
circulatory complication NEC E11.5
complication E11.8
specified NEC E11.69
dermatitis E11.620
foot ulcer E11.621
gangrene E11.52
gastroparalysis E11.43
gastroparesis E11.43
glomerulonephrosis, intracapillary E11.21
glomerulosclerosis, intercapillary E11.21
hyperglycemia E11.65
hyperosmolarity E11.00
with coma E11.01
hypoglycemia E11.649
with coma E11.641
ketoacidosis E11.10
with coma E11.11
kidney complications NEC E11.29
Kimmelsteil-Wilson disease E11.21
mononeuropathy E11.41
myasthenia E11.44
necrobiosis lipoidica E11.620
nephropathy E11.21
neuralgia E11.42
neurologic complication NEC E11.4
neuropathic arthropathy E11.610
neuropathy E11.40
ophthalmic complication NEC E11.
oral complication NEC E11.638
osteomyelitis E11.69
periodontal disease E11.630
peripheral angiopathy E11.51
with gangrene E11.52
polyneuropathy E11.42
renal complication NEC E11.29
renal tubular degeneration E11.29
retinopathy E11.319
with macular edema E11.311
resolved following treatment E11.
nonproliferative E11.329

Coding Clinic Guidance

- The same linkage between diabetes and osteomyelitis applies to other types of diabetes from categories E08-E13.

DecisionHealth
an HCI Group brand

2018 Insulin Guideline

- An additional code should be assigned from category Z79 to identify the long-term (current) use of insulin or oral hypoglycemic drugs.
- **If the patient is treated with both oral medications and insulin, only the code for long term (current) use of insulin should be assigned.**

DecisionHealth
an HCI Group brand

Chapter 5
Mental, Behavioral and Neurodevelopmental Disorders

- F50.82 Avoidant/restrictive food intake disorder
- Last year we got 2 other eating disorder codes

- *Note: The F50 category is not case mix*

DecisionHealth
an HCI Group brand

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: All 3 are case mix codes

DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

2018 Guideline Update

- Mild substance use disorders in early or sustained remission are classified to the appropriate codes for substance abuse in remission
- Moderate or severe substance use disorders in early or sustained remission are classified to the appropriate codes for substance dependence in remission

DecisionHealth
an HCI Group brand

Coding Clinic Update

- 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."
- History of drug dependence is classified by "type of drug, in remission." This is an exception to coding drug dependence with remission

DecisionHealth
an HCI Group brand

Example

- If the provider documents history of cocaine dependence, assign code F14.21, Cocaine dependence, in remission.
- If the provider documents severe cocaine use disorder in remission, assign code F14.21, Cocaine dependence, in remission

DecisionHealth
an HCI Group brand

Example

- If a provider documents mild cocaine use disorder in remission, assign code F14.11, Cocaine abuse in remission
- If a provider documents tobacco dependence in remission, assign code Z87.891, Personal history of nicotine dependence

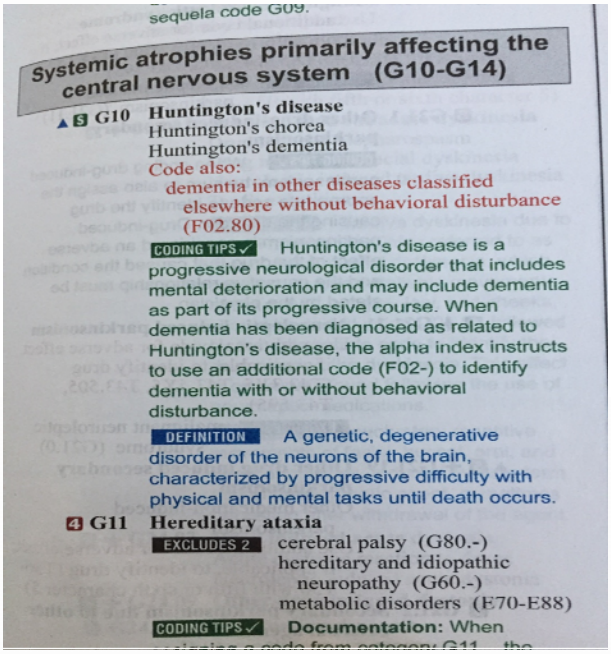
DecisionHealth
an HCI Group brand

Coding Clinic Update

- 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.

DecisionHealth
an HCI Group brand

2018 Tabular Update



sequela code G09.

Systemic atrophies primarily affecting the central nervous system (G10-G14)

▲ S **G10 Huntington's disease**
Huntington's chorea
Huntington's dementia
Code also:
dementia in other diseases classified elsewhere without behavioral disturbance (F02.80)

CODING TIPS ✓ Huntington's disease is a progressive neurological disorder that includes mental deterioration and may include dementia as part of its progressive course. When dementia has been diagnosed as related to Huntington's disease, the alpha index instructs to use an additional code (F02-) to identify dementia with or without behavioral disturbance.

DEFINITION A genetic, degenerative disorder of the neurons of the brain, characterized by progressive difficulty with physical and mental tasks until death occurs.

4 **G11 Hereditary ataxia**
EXCLUDES 2 cerebral palsy (G80.-)
hereditary and idiopathic neuropathy (G60.-)
metabolic disorders (E70-E88)
CODING TIPS ✓ **Documentation:** When

DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

2018 Guideline Update

- If “blindness” or “low vision” of both eyes is documented but the visual impairment category is not documented, assign code H54.3, Unqualified visual loss, both eyes.
- If “blindness” or “low vision” in one eye is documented but the visual impairment category is not documented, assign a code from H54.6- Unqualified visual loss, one eye.
- If “blindness” or “visual loss” is documented without any information about whether one or both eyes are affected, assign code H54.7 Unspecified visual loss.

(H54.0-H54.7)

Category of visual impairment	Visual acuity with best possible correction	
	Maximum less than:	Minimum equal to or better than:
1	6/18 3/10(0.3) 20/70	6/60 1/10(0.1) 20/200
2	6/60 1/10(0.1) 20/200	3/60 1/20(0.05) 20/400
3	3/60 1/20(0.05) 20/400	1/60(finger counting at one meter) 1/50(0.02) 5/300(20/1200)
4	1/60(finger counting at one meter) 1/50(0.02) 5/300	Light perception
5	No light perception	
9	Undetermined or unspecified	

CODING TIPS ✓ Use this code to indicate blindness in both eyes.

Other disorders of eye and adnexa (H55-H57)

DecisionHealth
an HCI Group brand

DecisionHealth
an HCI Group brand

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

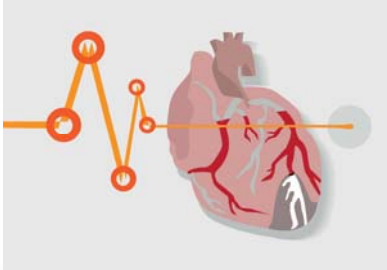
DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

Myocardial Infarction (I21 – I22)



DecisionHealth
an HCI Group brand

STEMI vs non-STEMI

- NSTEMI account for about 30% and STEMI about 70% of all myocardial infarction.
- NSTEMI occurs by developing a complete occlusion of a minor coronary artery or a partial occlusion of a major coronary artery previously affected by atherosclerosis. This causes a partial thickness myocardial infarction (partial thickness damage of heart muscle).
- STEMI occurs by developing a complete occlusion of a major coronary artery previously affected by atherosclerosis. This causes a transmural myocardial infarction (full thickness damage of heart muscle).

DecisionHealth
an HCI Group brand

MI Types

- Transmural MI is characterized by ischemic necrosis of the full thickness of the affected muscle segment(s), extending from the endocardium through the myocardium to the epicardium
- Nontransmural MI is defined as an area of ischemic necrosis that does not extend through the full thickness of myocardial wall segment(s).

DecisionHealth
an HCI Group brand

2018 MI Sub-Types

- Type 1 - MI related to ischemia from a primary coronary event (e.g., plaque rupture, thrombotic occlusion)
- Type 2 - MI secondary to ischemia from a supply-and-demand mismatch
- Type 3 - MI resulting in sudden cardiac death
- Type 4a - MI associated with percutaneous coronary intervention
- Type 4b - MI associated with in-stent thrombosis
- Type 5 - MI associated with coronary artery bypass surgery

DecisionHealth
an HCI Group brand

2018 Code Change

- I21.0 through I21.3 – Type 1 STEMI
- I21.4 – Type 1 Non-STEMI
- I21.9 – NOS
- I21.A1 – Type 2
- I21.A9 – Other (Type 3,4,5)

*Note: I21.3 ST elevation (STEMI) myocardial infarction is the default for an acute **type 1** MI if site is unspecified*

Note: I21.9 is the default for an acute MI NOS

Note: Per coding clinic: Type 2 is coded as a non-STEMI unless the physician documents otherwise

DecisionHealth
an HCI Group brand

2018 Guideline Update

- Initial MI coded as acute for 4 weeks (28 days)
- Post 4 week time frame and still receiving care related to the MI, the appropriate aftercare code should be used (Z51.89, Encounter for other specified aftercare)
- Any subsequent **type 1 or unspecified** MI within the same 4 weeks is coded to I22
- Sequencing is dependent on the circumstances of the encounter

DecisionHealth
an HCI Group brand

2018 Guideline Update

- Do not assign code I22 for subsequent myocardial infarctions other than type 1 or unspecified
- For subsequent type 2 AMI assign only code I21.A1
- For subsequent type 4 or type 5 AMI, assign only code I21.A9

DecisionHealth
an HCI Group brand

Example

- Patient admitted to home health with diagnoses of a type 2 AMI which occurred twelve days ago and a subsequent AMI occurring nine days ago due to demand ischemia secondary to his COPD.

- M1021: I21.A1 Myocardial infarction type 2
- M1023: J44.9 COPD

DecisionHealth
an HCI Group brand

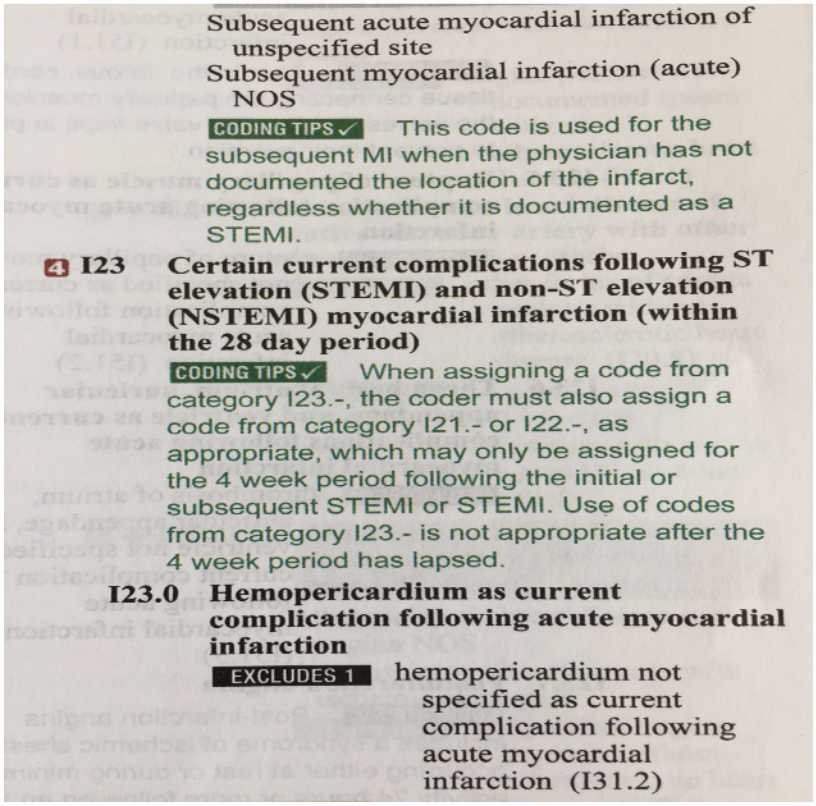
MI Complication

- I23 - Certain complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)
- ~~A code from category I23 must be used in conjunction with a code from category I21 (initial) or I22 (subsequent)~~
- ~~Use of codes from category I23 are not appropriate after the 4 week period has lapsed~~

DecisionHealth
an HCI Group brand

Coding Clinic Update

- If the complication occurs outside of the 4 week window, the I23 category 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.



Subsequent acute myocardial infarction of unspecified site
Subsequent myocardial infarction (acute) NOS

CODING TIPS ✓ This code is used for the subsequent MI when the physician has not documented the location of the infarct, regardless whether it is documented as a STEMI.

4 **I23 Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)**

CODING TIPS ✓ When assigning a code from category I23.-, the coder must also assign a code from category I21.- or I22.-, as appropriate, which may only be assigned for the 4 week period following the initial or subsequent STEMI or STEMI. Use of codes from category I23.- is not appropriate after the 4 week period has lapsed.

I23.0 Hemopericardium as current complication following acute myocardial infarction

EXCLUDES 1 hemopericardium not specified as current complication following acute myocardial infarction (I31.2)

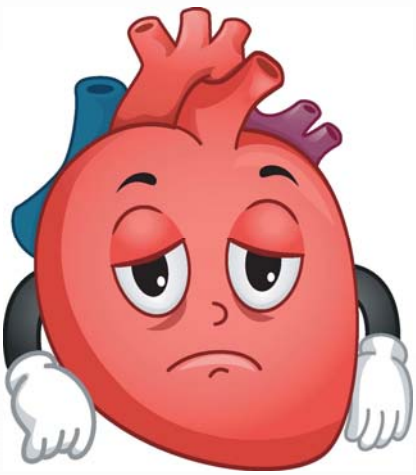
Example

- A patient is admitted to home health with a non-ST elevation MI that occurred 32 days ago and is now diagnosed with post-infarction angina. The patient has long standing atherosclerotic coronary artery disease.

Answer

- M1021: I23.7 Post-infarction angina
- M1023: I25.118 Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris

Heart Failure



DecisionHealth
an HCI Group brand

I50
Heart Failure

- I50.1 Left ventricular failure
- I50.2- Systolic (congestive)heart failure
- I50.3- Diastolic (congestive) heart failure
- I50.4- Combined systolic (congestive) and diastolic (congestive) heart failure
- I50.9 Heart failure, unspecified

DecisionHealth
an HCI Group brand

2018 Code Update

- I50.81 Right heart failure
- I50.82 Biventricular heart failure
- I50.83 High output heart failure
- I50.84 End stage heart failure
- I50.89 Other heart failure

- Note: Code also the type of heart failure, if known

Example

- Patient admitted with end stage CHF with chronic systolic and diastolic heart failure. The patient has comorbid conditions of HTN and emphysema.

- M1021: I11.0 Hypertensive heart disease with heart failure
- M1023: I50.84 End stage heart failure
- M1023: I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure
- M1023: J43.9 Emphysema unspecified

Coding Clinic Update

- Question:
- Is it appropriate to assign code I50.9, Heart failure, unspecified, when the physician documents stage A heart failure?

DecisionHealth
an HCI Group brand

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.

DecisionHealth
an HCI Group brand

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.

DecisionHealth
an HCI Group brand

Coding Clinic Update

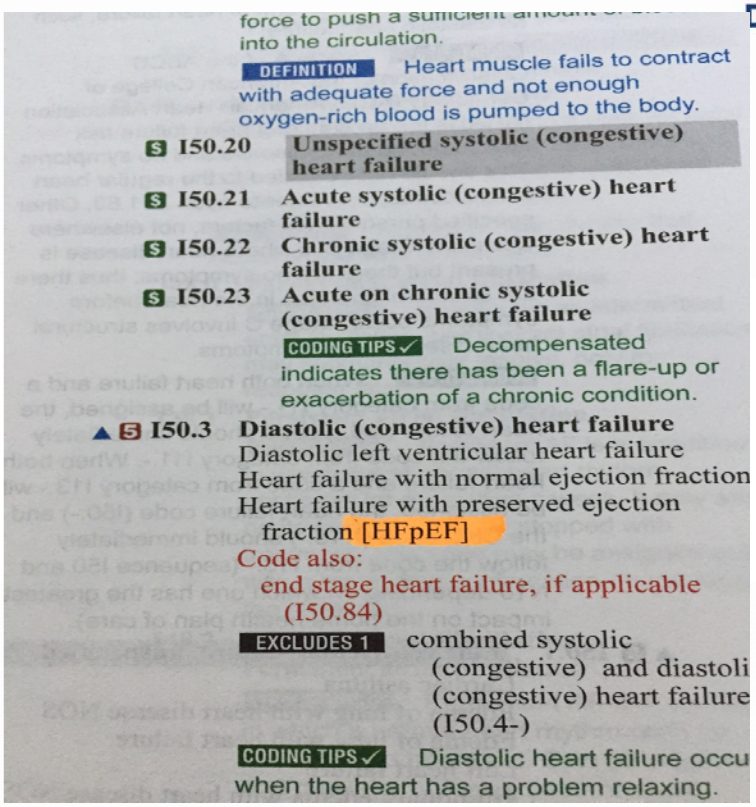
- (HFpEF) may also be referred to as heart failure with preserved systolic function, and this condition may also be referred to as diastolic heart failure
- (HFrEF) may also be called heart failure with low ejection fraction, or heart failure with reduced systolic function, or other similar terms meaning systolic heart failure.

DecisionHealth
an HCI Group brand

Coding Clinic Update

- These terms (HFpEF) and (HFrEF) are more contemporary terms that are being more frequently used, and can be further described as acute or chronic
- Therefore when the provider has documented (HFpEF), (HFrEF), or other similar terms noted above, the coder may interpret these as “diastolic heart failure” or “systolic heart failure” respectively, or a combination of both if indicated and assign the appropriate ICD-10-CM codes

DecisionHealth
an HCI Group brand



force to push a sufficient amount of [illegible]
into the circulation.

DEFINITION Heart muscle fails to contract with adequate force and not enough oxygen-rich blood is pumped to the body.

S I50.20 **Unspecified systolic (congestive) heart failure**

S I50.21 **Acute systolic (congestive) heart failure**

S I50.22 **Chronic systolic (congestive) heart failure**

S I50.23 **Acute on chronic systolic (congestive) heart failure**

CODING TIPS ✓ Decompensated indicates there has been a flare-up or exacerbation of a chronic condition.

▲ 5 I50.3 **Diastolic (congestive) heart failure**
Diastolic left ventricular heart failure
Heart failure with normal ejection fraction
Heart failure with preserved ejection fraction [HFpEF]
Code also:
end stage heart failure, if applicable (I50.84)

EXCLUDES 1 combined systolic (congestive) and diastoli (congestive) heart failure (I50.4-)

CODING TIPS ✓ Diastolic heart failure occu when the heart has a problem relaxing.

DecisionHealth
an HCI Group brand

Example

- Patient admitted to home health with chronic CHF, emphysema, HTN, DM and neuropathy. The cardiologist's H&P includes the term HFpEF. The focus of care is the chronic heart failure.

Answer

- M1021: I11.0 Hypertensive heart disease with heart failure
- M1023: I50.32 Chronic diastolic (congestive) heart failure
- M1023: J43.9 Emphysema
- M1023: E11.40 Type 2 diabetes mellitus with diabetic neuropathy, unspecified

Chapter 10
COPD

- Generic term that represents **any** form of unspecified chronic obstructive lung disease
- Irreversible airway obstruction
- Comprised primarily of three related conditions
  - Chronic bronchitis
  - Chronic asthma
  - Emphysema

Emphysema
J43

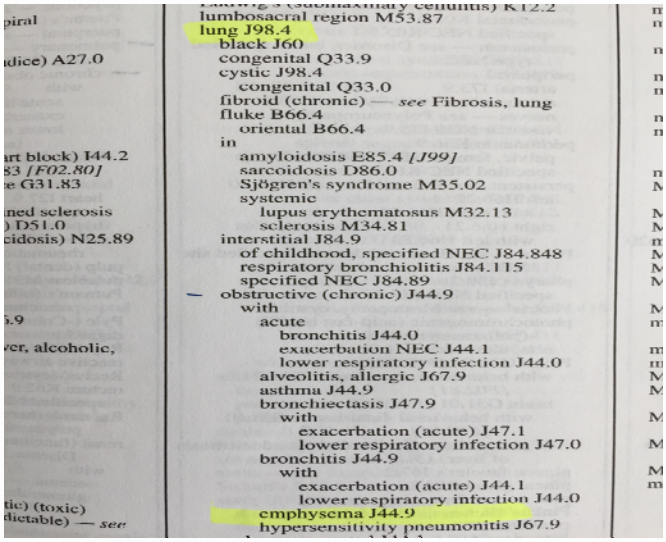
- J43.0 Unilateral pulmonary emphysema
- J43.1 Panlobular emphysema
- J43.2 Centrilobular emphysema
- J43.8 Other emphysema
- J43.9 Emphysema unspecified

COPD
J44

- J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
- J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation
- J44.9 chronic obstructive pulmonary disease unspecified

DecisionHealth
an HCI Group brand

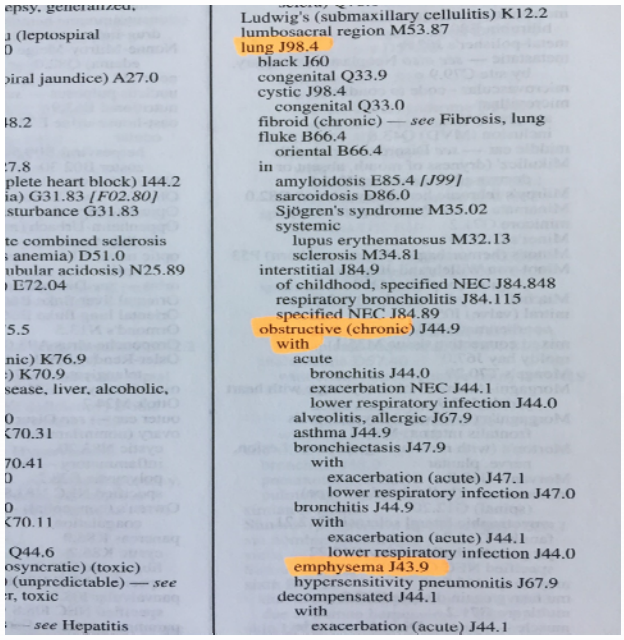
COPD and Emphysema
Prior to October 1, 2017



lumbosacral region M53.87
lung J98.4
black J60
congenital Q33.9
cystic J98.4
congenital Q33.0
fibroid (chronic) — *see* Fibrosis, lung
fluke B66.4
oriental B66.4
in
amyloidosis E85.4 *[J99]*
sarcoidosis D86.0
Sjögren's syndrome M35.02
systemic
lupus erythematosus M32.13
sclerosis M34.81
interstitial J84.9
of childhood, specified NEC J84.848
respiratory bronchiolitis J84.115
specified NEC J84.89
obstructive (chronic) J44.9
with
acute
bronchitis J44.0
exacerbation NEC J44.1
lower respiratory infection J44.0
alveolitis, allergic J67.9
asthma J44.9
bronchiectasis J47.9
with
exacerbation (acute) J47.1
lower respiratory infection J47.0
bronchitis J44.9
with
exacerbation (acute) J44.1
lower respiratory infection J44.0
emphysema J44.9
hypersensitivity pneumonitis J67.9

DecisionHealth
an HCI Group brand

COPD and Emphysema
After October 1, 2017



Ludwig's (submaxillary cellulitis) K12.2
lumbosacral region M53.87
lung J98.4
black J60
congenital Q33.9
cystic J98.4
congenital Q33.0
fibroid (chronic) — *see* Fibrosis, lung
fluke B66.4
oriental B66.4
in
amyloidosis E85.4 *[J99]*
sarcoidosis D86.0
Sjögren's syndrome M35.02
systemic
lupus erythematosus M32.13
sclerosis M34.81
interstitial J84.9
of childhood, specified NEC J84.848
respiratory bronchiolitis J84.115
specified NEC J84.89
obstructive (chronic) J44.9
with
acute
bronchitis J44.0
exacerbation NEC J44.1
lower respiratory infection J44.0
alveolitis, allergic J67.9
asthma J44.9
bronchiectasis J47.9
with
exacerbation (acute) J47.1
lower respiratory infection J47.0
bronchitis J44.9
with
exacerbation (acute) J44.1
lower respiratory infection J44.0
emphysema J43.9
hypersensitivity pneumonitis J67.9
decompensated J44.1
with
exacerbation (acute) J44.1

DecisionHealth
an HCI Group brand

What Does That Mean?

- Effective October 1, 2017:
- If COPD is documented and emphysema is documented. J43.9 should be coded
- Prior to October 1st 2017:
- J44.9 should be coded

DecisionHealth
an HCI Group brand

Example

- Patient admitted with emphysema and COPD. He was a long time smoker but quit 1 year ago. Continuous O2 is ordered via nasal cannula.
- M1021: J43.9 Emphysema unspecified
- M1023: Z99.81 Dependence on supplemental oxygen
- M1023: Z87.891 History of tobacco use

DecisionHealth
an HCI Group brand

Example

- Patient admitted with emphysema and chronic bronchitis. He was a long time smoker but quit 1 year ago. Continuous O2 is ordered via nasal cannula.
- M1021: J44.9 Chronic obstructive pulmonary disease unspecified
- M1023: Z99.81 Dependence on supplemental oxygen
- M1023: Z87.891 History of tobacco use

DecisionHealth
an HCI Group brand

Example

- Patient admitted for chronic diastolic heart failure. He also has COPD and continuous O2 is ordered via nasal cannula.
- M1021: I50.32 Chronic diastolic heart failure
- M1023: J44.9 COPD
- M1023: Z99.81 Dependence on supplemental oxygen

DecisionHealth
an HCI Group brand

Example

- Patient admitted with decompensating COPD. He is a long time cigarette smoker and continues to smoke. He is on continuous O2 via nasal cannula.
- M1021: J44.1 COPD with exacerbation
- M1023: Z99.81 Dependence on supplemental oxygen
- M1023: F17.210 Dependence on cigarettes

DecisionHealth
an HCI Group brand

Example

- Patient admitted with emphysema. He was a long time smoker but quit 1 year ago. Continuous O2 is ordered via nasal cannula.
- M1021: J43.9 Emphysema unspecified
- M1023: Z99.81 Dependence on supplemental oxygen
- M1023: Z87.891 History of tobacco use

DecisionHealth
an HCI Group brand

2018 Code Update
J44.0

- Tabular instruction:
- Effective October 1, 2017:
- J44.0 Chronic obstructive pulmonary disease with acute lower respiratory infection
- Code also to identify the infection
- Prior to October 1st 2017:
- Use additional code to identify the infection

DecisionHealth
an HCI Group brand

Example

- Patient admitted for exacerbated COPD with pneumonia due to staphylococcus and emphysema. He is a long time cigarette smoker and continues to smoke. He is on continuous O2 via nasal cannula. The focus of care is the pneumonia.
- M1021: J15.20 Pneumonia due to staphylococcus
- M1023: J43.9 Emphysema
- M1023: Z99.81 Dependence on supplemental O2
- M1023: F17.210 Dependence on cigarettes

DecisionHealth
an HCI Group brand

Coding Clinic Update

- Acute bronchitis and pneumonia may be included as a lower respiratory infection with COPD
- Influenza involves both an upper and lower respiratory infection and does not meet criteria to be assigned as a lower respiratory infection with COPD

DecisionHealth
an HCI Group brand

Coding Clinic Update

- J44.0 and a secondary diagnosis of pneumonia does not apply to all pneumonias
- Aspiration pneumonia (J69.0) is an inflammation of the lungs caused by the inhalation of solid and/or liquid matter
- Ventilator associated pneumonia (J95.851) is an intraoperative and postprocedural complication
- Neither diagnosis falls in the “respiratory infection” category of codes

DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

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

DecisionHealth
an HCI Group brand

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

2018 Guideline Update
Non-Pressure Ulcer

- No code is assigned if the documentation states that the non-pressure ulcer is completely healed
- Non-pressure ulcers described as heling should be assigned the appropriate code based on the documentation in the medical record.
- If the documentation does not provide information about the severity of the healing non-non pressure ulcer, assign the appropriate code for unspecified severity

2018 Guideline Update
Non-Pressure Ulcer

- If the documentation is unclear as to whether the patient has a current (new) non-pressure ulcer or if the patient is being treated for a healing non-pressure ulcer, query the provider
- For ulcers that were present on admission but healed at the time of discharge, assign the code for the site and severity of the non-pressure ulcer at the time of admission

Contact Information

Tricia A. Twombly, RN, BSN, HCS-D, HCS-C, HCS-H, HCS-C, COS-C, CHCE
AHIMA-Approved ICD-10 Trainer
ICE Certified Credentialing Specialist
Chief Executive Officer, Board of Medical Coding and Compliance
Chief Executive Officer, Association of Home Care and Compliance
Senior Director DecisionHealth
ahcc.decisionhealth.com
www.decisionhealth.com/
ttwombly@decisionhealth.com

DecisionHealth
an HCI Group brand

Questions & Answers

Tricia A. Twombly, RN, BSN, HCS-D, HCS-O, HCS-H, HCS-C, COS-C, CHCE
Senior Director
DecisionHealth

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.

DecisionHealth
an HCI Group brand

Thank you for attending!

Please note: Continuing education credits are available for this program. For instructions on how to claim your credits, please visit the materials download page at http://hcproevents.hrhero.com/materials.cgi?72397:.mlsp.:YPADA092817A

For more information on programs DecisionHealth offers please visit http://store.decisionhealth.com.

This concludes today's program.

Please complete and submit the program evaluation, which has been sent to the person who registered for this event at your facility. *We kindly request that they forward it to everyone in your group.*

Copyright Information

- For more information, please contact us at:

DecisionHealth, an *H3*.Group brand, 100 Winners Circle, Suite 300, Brentwood, TN 37027

Phone: 855-CALL-DH1 (855-225-5341) Email: customer@decisionhealth.com Website: www.decisionhealth.com

DecisionHealth
an H3.Group brand

Certificate of Attendance

_____

attended

"Get Updated on FY2018 Codes and Guidelines Set to Take Effect Oct. 1"

a 90-minute webinar on
September 28, 2017

Tonya Nevin, Vice President, Product
DecisionHealth, an H3.Group division of Simplify Compliance, 100 Winners Circle, Suite 300, Brentwood, TN 37027