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!

Stay in the Know: Get the Latest Coding Clinic Guidance

A WEBINAR PRESENTED ON MARCH 20, 2018

DecisionHealth
an H3.Group brand

Stay in the Know: Get the Latest Coding Clinic Guidance

A WEBINAR PRESENTED ON MARCH 20, 2018

DecisionHealth
an H3.Group brand

DecisionHealth
an HCI Group brand

Presented By

Megan Batty, HCS-D, has worked for DecisionHealth since 2008 as a graduate fellow, editor, and junior product manager. She has covered multiple aspects of home healthcare for *Home Health Line, OASIS-C & Outcomes Solutions,* and *Private Duty Insider*, but has spent the majority of her time writing about home health diagnosis coding as the executive editor of *Diagnosis Coding Pro for Home Health*. She's worked on many of DecisionHealth's industry-leading coding products, including the *Complete Home Health Coding Manual*, the *Coding & OASIS Field Guide*, and the *Home Health Coding Companion and Documentation Trainer;* she is also the developer of the new *Wound Coding & OASIS Field Guide*.

DecisionHealth
an HCI Group brand

Learning Objectives

- At the completion of this educational activity, the learner will be able to:
  - Identify key areas of coding impacted by *Coding Clinic* guidance updates published in 2017 and the first quarter of 2018
  - Apply *Coding Clinic* guidance to coding practice to stay in compliance

DecisionHealth
an HCI Group brand

What Is *Coding Clinic*?

- Newsletter published quarterly by the American Hospital Association (AHA)
- Requires a subscription
- Offers coding advice built on the input of the 4 Cooperating Parties:
  - AHA
  - American Health Information Management Association (AHIMA)
  - CDC's National Center for Health Statistics (NCHS)
  - CMS
- CMS has affirmed *Coding Clinic* as an *official source* of coding information
- Use *Coding Clinic* when the ICD-10 classification and guidelines do not provide direction

Source: American Hospital Association

DecisionHealth
an HCI Group brand

Key Areas Impacted by 2017/Q1 2018 *Coding Clinic* Updates

- Conventions & guidelines
- Complications
- Digestive system conditions
- Substance use
- Respiratory system conditions
- Diabetes
- Stroke
- Other cardiovascular system conditions
- Dementia
- Sepsis
- Psychosocial factors
- Interpreting medical record documentation

DecisionHealth
an HCI Group brand

Q1 2017 *Coding Clinic* Guidance

- Topics covered:
  - Pathology/lab reports
  - Non-infectious pneumonia
  - Asthma
  - Heart failure with diastolic/systolic dysfunction
  - Heart failure/hypertension connection
  - Dementia in an Alzheimer's patient
  - Uncontrolled diabetes
  - Evolving pressure ulcers

DecisionHealth
an HCI Group brand

Coding From Pathology/Lab Reports

- Codes may be assigned for diagnoses listed in pathology or lab reports, ***provided the results of the reports have been interpreted by a physician***, such as a pathologist or radiologist
- ***Example:*** You can code a patient's chin skin lesion as basal cell carcinoma with C44.319 (Basal cell carcinoma of skin of other parts of face) on the basis of a pathology report that's been interpreted by a pathologist
- "The pathologist is a physician and if a diagnosis is made it can be coded," stated *Coding Clinic*

DecisionHealth
an HCI Group brand

Coding From Pathology/Lab Reports

- Proceed with caution with reports that contain ***inconsistent or unusual*** information
- ***Example:*** A patient undergoes a chest x-ray on suspicion of having a fractured rib, and the radiologist's report comes back having diagnosed something the medical team wasn't looking for, such as pneumonia
- Best practice in this scenario: Query the attending physician to confirm the diagnosis of pneumonia

DecisionHealth
an HCI Group brand

Scenario: Urinary Tract Infection

- A 75-year-old woman is admitted to home health for IV antibiotic therapy to treat a urinary tract infection (UTI). A lab report included in the admission shows the presence of *Klebsiella pneumoniae*. A pathologist interpreted and signed the lab report, indicating that *Klebsiella pneumoniae* is the organism causing the UTI. She is also diabetic and has some memory loss resulting from a stroke she suffered last year.

DecisionHealth
an HCI Group brand

Scenario: Urinary Tract Infection

- **M1021a:** N39.0 (Urinary tract infection, site not specified)
- **M1023b:** B96.1 (Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified elsewhere)
- **M1023c:** E11.9 (Type 2 diabetes mellitus without complications)
- **M1023d:** I69.311 (Memory deficit following cerebral infarction)
- **M1023e:** Z45.2 (Encounter for adjustment and management of vascular access device)
- **M1023f:** Z79.2 (Long-term (current) use of antibiotics)

DecisionHealth
an HCI Group brand

Non-Infectious Pneumonia

- Aspiration pneumonia & ventilator-associated pneumonia are ***not included*** in "respiratory infection" codes in ICD-10
- Thus, they can't prompt the use of the combination code J44.0 (Chronic obstructive pulmonary disease with acute lower respiratory infection) in a patient with COPD, according to *Coding Clinic*
- Capture these scenarios with **J44.9** (Chronic obstructive pulmonary disease, unspecified) and either:
  - **J69.0** (Pneumonitis due to inhalation of food and vomit) in the case of *aspiration pneumonia* or
  - **J95.851** (Ventilator associated pneumonia) in the case of *ventilator-associated pneumonia*
  - Sequence the codes according to the focus of care

DecisionHealth
an HCI Group brand

Scenario: Aspiration Pneumonia, Alzheimer's

- An 81-year-old woman is admitted to home health with a primary diagnosis of aspiration pneumonia due to the aspiration of food. She suffers from COPD and Alzheimer's disease.

DecisionHealth
an HCI Group brand

Scenario: Aspiration Pneumonia, Alzheimer's

- **M1021a:** J69.0 (Pneumonitis due to inhalation of food and vomit)
- **M1023b:** J44.9 (Chronic obstructive pulmonary disease, unspecified)
- **M1023c:** G30.9 (Alzheimer's disease, unspecified)
- **M1023d:** F02.80 (Dementia in other diseases classified elsewhere without behavioral disturbance)

DecisionHealth
an HCI Group brand

Unspecified Asthma/Exacerbated Asthma & COPD

Unspecified asthma & COPD

- An additional code for asthma should be assigned if a COPD patient also has a ***specified form*** of asthma
- This does not include J45.909 (Unspecified asthma, uncomplicated) for asthma that is not further specified because *"unspecified" is not a type of asthma*, according to *Coding Clinic*
- Do not assume that a patient's asthma is also exacerbated simply because his or her COPD is exacerbated

Exacerbated asthma & COPD

- Use J45.901 (Unspecified asthma with (acute) exacerbation) along with J44.9 (Chronic obstructive pulmonary disease, unspecified) for a patient with COPD and ***exacerbated*** asthma
- Previous *Coding Clinic* guidance (Q1) stated not to assign an additional code for *unspecified* asthma in a COPD patient, but if the asthma is documented as *exacerbated*, that additional specificity makes the use of an additional asthma code appropriate, according to *Coding Clinic*
- *This is from the Q4 2017 update*

DecisionHealth
an HCI Group brand

CHF With Diastolic/Systolic Dysfunction

- If the MD links either diastolic or systolic dysfunction with acute or chronic heart failure, code it as acute or chronic diastolic or systolic heart failure, according to *Coding Clinic*
- ***Example:*** Code acute CHF with diastolic dysfunction with I50.31 (Acute diastolic (congestive) heart failure) if the physician has linked the CHF with the diastolic dysfunction
- If the two conditions *aren't linked*, code them separately with I50.9 (Heart failure, unspecified) and I51.89 (Other ill-defined heart diseases) respectively, according to the Alphabetic Index

DecisionHealth
an HCI Group brand

Scenario: CHF With Diastolic Dysfunction

- A 75-year-old man is admitted to home health with acute congestive heart failure. His medical record also shows a diagnosis of diastolic dysfunction. A query to the physician reveals that the diastolic dysfunction is linked to the CHF. He also has emphysema and used to smoke but quit 10 years ago. The CHF is the focus of care.

DecisionHealth
an HCI Group brand

Scenario: CHF With Diastolic Dysfunction

- **M1021a:** I50.31 (Acute diastolic (congestive) heart failure)
- **M1023b:** J43.9 (Emphysema, unspecified)
- **M1023c:** Z87.891 (Personal history of nicotine dependence)

DecisionHealth
an HCI Group brand

Hypertension & Heart Failure

- Codes from the I50.- category (Heart failure) can be assumed to be connected to hypertension in the absence of another stated etiology
- The Includes note at the I11.- category (Hypertensive heart disease) is not intended to be all-inclusive of all the conditions that have an assumed relationship to hypertension, according to *Coding Clinic*
- At the time this guidance was released, the Includes note only mentioned “any condition in I51.4–I51.9 due to hypertension”
- FY2018 update amended the note at I11.- to "any condition in ***I50.-***, I51.4–I51.9 due to hypertension"

DecisionHealth
an HCI Group brand

Scenario: Hypertensive Acute Systolic Heart Failure

- A 76-year-old woman was admitted to home health with acute systolic congestive heart failure and hypertension. She will receive skilled nursing care for management of new medications as well as physical therapy to help increase her stamina in completing ADLs.

DecisionHealth
an HCI Group brand

Scenario: Hypertensive Acute Systolic Heart Failure

- **M1021a:** I11.0 (Hypertensive heart disease with heart failure)
- **M1023b:** I50.21 (Acute systolic (congestive) heart failure)

DecisionHealth
an HCI Group brand

Dementia in Alzheimer's Disease

- Use an additional code from F02.8- (Dementia in other diseases classified elsewhere) to describe ***the dementia in an Alzheimer's patient***, whether or not the physician has specified an additional diagnosis of dementia, according to *Coding Clinic*
- Alzheimer's is a type of dementia
- The second code from F02.8- identifies the level of dementia, not whether the patient has it

DecisionHealth
an HCI Group brand

Uncontrolled Diabetes

- "Uncontrolled" diabetes could be either diabetes with hyperglycemia or diabetes with hypoglycemia
- If the record isn't clear, query the physician, according to *Coding Clinic*
- Diabetes described as "poorly controlled" or "out of control" is coded as diabetes with hyperglycemia, according to the Alphabetic Index

DecisionHealth
an HCI Group brand

Evolving Pressure Ulcer

- The section of the coding guidelines *[I.C.12.a.6]* that requires two codes for an ***evolving pressure ulcer*** does ***NOT*** apply to home health, according to *Coding Clinic*
- FY2018 guidelines were amended to specifically reference "inpatient hospital" in this section

DecisionHealth
an HCI Group brand

Q2 2017 *Coding Clinic* Guidance

- Topics covered:
  - Parkinson's dementia
  - Nicotine dependence in remission
  - Use of electronic cigarettes
  - Complications following a myocardial infarction
  - Encephalopathy secondary to a stroke

DecisionHealth
an HCI Group brand

Parkinson's Dementia Inconsistency

- Code Parkinson's disease that's caused dementia with behavioral disturbance first with G20 (Parkinson's disease) followed immediately by F02.81 (Dementia in other diseases classified elsewhere with behavioral disturbance)
  - The Alphabetic Index leads coders to search under *Parkinsonism* for Parkinson's disease codes, including when Parkinson's has caused dementia, and that leads to G31.83 (Dementia with Lewy bodies) followed by F02.8- (Dementia in other diseases classified elsewhere)
- However, Parkinson's disease and Parkinsonism are *different conditions*: Parkinson's is "a progressive disorder of the nervous system" while Parkinsonism is a reference "to symptoms of Parkinson's disease (e.g., slow movements and tremors), regardless of the cause," according to *Coding Clinic*
  - Thus Parkinson's disease & Parkinsonism are not classified the same way
- The CDC is aware of the inconsistency in the index & is considering making a modification

DecisionHealth
an HCI Group brand

Nicotine Dependence in Remission

- Code Z87.891 (Personal history of nicotine dependence) for a patient with a history of nicotine dependence but who no longer uses nicotine
- Do not use a code that describes nicotine dependence in remission such as F17.211 (Nicotine dependence, cigarettes, in remission), according to *Coding Clinic*
- Note the difference between how the classification manages a patient's history of dependence on other drugs, such as alcohol or opioids
  - Patients with alcohol or opioid dependence would continue to be captured with dependence in remission codes, such as F11.21 (Opioid dependence, in remission)
  - There are *clinical differences* between dependence on tobacco versus dependence of other drugs
- Only use a code for nicotine dependence in remission if that's how the physician documents it

DecisionHealth
an HCI Group brand

Use of Electronic Cigarettes

- Code F17.290 (Nicotine dependence, other tobacco product, uncomplicated) for a patient who uses ***electronic cigarettes***
- Code both F17.290 and F17.210 (Nicotine dependence, cigarettes, uncomplicated) for someone who smokes both cigarettes and electronic cigarettes, according to *Coding Clinic*

DecisionHealth
an HCI Group brand

Complications Following Myocardial Infarction

- Codes in the I23.- category (Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial *infarction (within the 28-day period))* ***are sufficient*** for a patient who suffers ***complications following a myocardial infarction,*** whether that complication occurs within the 28-day acute period or not
- An additional code from I21.- (ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction) or I22.- (Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction) is not required, according to *Coding Clinic*
- Thus, if a complication occurs after 4 weeks, you can assign a code from I23.- without a code from I21.- or I22.-.
- ***Example:*** I23.7 for postinfarction angina

DecisionHealth
an HCI Group brand

Scenario: Post-Infarction Angina

- A 75-year-old woman had a myocardial infarction five weeks ago. She continues to have chest pain and was diagnosed with post-infarction angina. She also has coronary artery disease and is an insulin-dependent diabetic. The post-infarction angina is the focus of care.

DecisionHealth
an HCI Group brand

Scenario: Post-Infarction Angina

- **M1021a:** I23.7 (Postinfarction angina)
- **M1023b:** I25.118 (Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris)
- **M1023c:** E11.9 (Type 2 diabetes mellitus without complications)
- **M1023d:** Z79.4 (Long-term (current) use of insulin)

DecisionHealth
an HCI Group brand

Encephalopathy Secondary to a Stroke

- Code G93.49 (Other encephalopathy) for a patient who has encephalopathy secondary to a stroke
- While the encephalopathy was caused by the stroke, it's not considered inherent to a stroke and thus should be coded separately, according to *Coding Clinic*

DecisionHealth
an HCI Group brand

Q3 2017 *Coding Clinic* Guidance

- Topics covered:
  - Persistent postoperative fistulas
  - Emaciation
  - Severe malnutrition
  - Gastric ulcer with gastrointestinal bleed
  - Paralysis following a spinal stroke
  - Skin necrosis at the site of a recent mastectomy

DecisionHealth
an HCI Group brand

Persistent Postoperative Fistulas

- You need ***both*** T81.83- (Persistent postprocedural fistula) and N82.1 (Other female urinary-genital tract fistulae) for a patient with a persistent post-surgical uterovaginal fistula
- The two codes are necessary to capture both the *site of the fistula* and *that it occurred as the result of a surgical procedure*, according to *Coding Clinic*
- ***Another example:*** Code T81.83- and K63.2 (Fistula of intestine) for a persistent postoperative fistula of the intestines
- Note that T81.83- requires the assignment of the appropriate 7th character (such as “A” or “D”) based on the type of encounter

DecisionHealth
an HCI Group brand

Emaciation

- Assign R64 (Cachexia) for a patient with a diagnosis of emaciation or described as "emaciated."
- Do not code E41 (Nutritional marasmus) despite the fact that the Alphabetic Index entry under "emaciation" leads to E41, according to *Coding Clinic.*
- The use of E41 is incorrect *because it specifically refers to a type of protein-energy malnutrition that occurs in infants and young children*. If that's not what you're capturing, E41 is not the correct code.
- ***Basic rule of coding illustrated here:*** Do not use a code, even if the Alphabetic Index leads you there, if that code title doesn't match the condition correctly.

DecisionHealth
an HCI Group brand

Severe Malnutrition

- Code E43 (Unspecified severe protein-calorie malnutrition) for a diagnosis of "severe malnutrition," according to *Coding Clinic*
- Find this code via a search of the Alphabetic Index under "malnutrition, severe"
- Do not assign E40 (Kwashiorkor) or E42 (Marasmic kwashiorkor) unless those specific diagnoses are documented
- Kwashiorkor is a form of severe protein-deficiency malnutrition typically seen in underdeveloped countries and is rare in the United States

DecisionHealth
an H.I.Group brand

Gastric Ulcer With GI Bleed

- Use K25.4 (Chronic or unspecified gastric ulcer with hemorrhage) for a patient with a gastric ulcer who is experiencing a gastrointestinal (GI) bleed even if the MD didn't specifically link the two diagnoses
- This is based on the "with" convention:
  - "hemorrhage" is listed as a subentry under "with" in the Alphabetic Index listing for gastric ulcer
- The two conditions should be coded as linked unless the physician gives another cause for the GI bleed or says the conditions are unrelated, according to *Coding Clinic*

DecisionHealth
an H.I.Group brand

Scenario: Anemia Due to Chronic Gastric Ulcer

- A 67-year-old man has anemia due to blood loss from a chronic gastric ulcer that is causing a GI bleed. The focus of care is the medical management of the ulcer.

DecisionHealth
an HCI Group brand

Scenario: Anemia Due to Chronic Gastric Ulcer

- **M1021a:** K25.4 (Chronic gastric ulcer with hemorrhage)
- **M1023b:** D50.0 (Iron deficiency anemia secondary to blood loss (chronic))

DecisionHealth
an HCI Group brand

Paralysis Following a Spinal Stroke

- Code G82.20 (Paraplegia, unspecified) for a patient with residual bilateral lower extremity paralysis following a spinal stroke, according to *Coding Clinic*
- No code currently exists for a spinal stroke, thus G82.20 is the best option for this scenario

DecisionHealth
an HCI Group brand

Skin Necrosis at the Site of a Recent Mastectomy

- Code L76.82 (Other postprocedural complications of skin and subcutaneous tissue) along with I96 (Gangrene, not elsewhere classified) for a patient who has skin necrosis at the site of a recent mastectomy, according to *Coding Clinic*

DecisionHealth
an HCI Group brand

Q4 2017 *Coding Clinic* Guidance

- Topics covered:
  - "NEC" conditions under "with"
  - Diabetes and gas gangrene
  - Exacerbated asthma
  - Emphysema and acutely exacerbated COPD

DecisionHealth
an HCI Group brand

"NEC" Conditions Under "With"

- "Not elsewhere classified (NEC)" index entries that cover broad categories of conditions are *not covered* by the "with" convention, according to *Coding Clinic*
- The terms "with," "due to," or "associated with" must link specific conditions
- ***Example:*** You can only code cellulitis as a complication of diabetes, with E11.628 (Type 2 diabetes mellitus with other skin complications), if the physician specifically links the two conditions
  - Cellulitis is not one of the specific conditions included under "with" in the diabetes listing in the Alphabetic Index
- ***Other examples:***
  - Coronary artery disease in a diabetic patient cannot be coded with E11.59
  - Dementia in a diabetic patient cannot be coded with E11.49
  - Blindness in a diabetic patient cannot be coded with E11.39
    - ***Unless*** explicitly stated as linked by the physician

DecisionHealth
an HCI Group brand

Scenario: Hypertension Due to Diabetes

- A 61-year-old man is admitted to home health for management of a new diagnosis of severe hypertension that his physician stated is due to his type 1 diabetes. His physician also recently adjusted his insulin regimen.

Scenario: Hypertension Due to Diabetes

- **M1021a:** E10.59 (Type 1 diabetes mellitus with other circulatory complications)
- **M1023b:** I15.2 (Hypertension secondary to endocrine disorders)

Diabetes & Gas Gangrene

- Code a diagnosis of diabetes and gas gangrene first with E11.52 (Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene) followed by A48.0 (Gas gangrene)
- You can assume a connection between the diabetes and the gas gangrene as "gangrene" is specifically listed under "with" in the diabetes Alphabetic Index listing, according to *Coding Clinic*
- The A48.0 code adds additional detail about the gangrene diagnosis and is thus appropriate to assign as an additional code
- ***Caution:*** Gas gangrene is a *medical emergency* and is not the type of gangrene routinely coded in home care and hospice, which is known as dry gangrene

DecisionHealth
an HCI Group brand

Exacerbated Asthma & COPD

- Refer back to previous slide comparing the coding of unspecified vs. exacerbated asthma with COPD
- Code J45.901 (Unspecified asthma with (acute) exacerbation) along with J44.9 (Chronic obstructive pulmonary disease, unspecified) for a patient with COPD and *exacerbated asthma*
- When asthma is documented as exacerbated, *the additional specificity* makes the use of an additional asthma code appropriate

DecisionHealth
an HCI Group brand

Emphysema & Acutely Exacerbated COPD

- Code only J43.9 for a patient with *emphysema and acutely exacerbated COPD*
- Two points to remember:
  - COPD and chronic bronchitis are ***not*** equivalent terms
  - Emphysema is a ***type*** of COPD
- The diagnosis described as "COPD exacerbation with emphysema" is coded to J43.9 because the emphysema is a kind of COPD and the term "COPD" doesn't automatically mean chronic bronchitis, according to *Coding Clinic*
- Remember, based on the index update in the FY2018 code set:
  - J43.9 is the code for emphysema ***with the generic term COPD***
  - J44.- is where you should code diagnoses of emphysema along with ***other specific components of COPD***, such as chronic obstructive bronchitis or chronic obstructive asthma

DecisionHealth
an HCI Group brand

Scenario: Emphysema & Exacerbated COPD

- A 68-year-old man comes to home health with emphysema and acutely exacerbated COPD. His chart indicates that he's been a cigarette smoker for 30 years and continues to smoke.

DecisionHealth
an HCI Group brand

Scenario: Emphysema & Exacerbated COPD

- **M1021a:** J43.9 (Emphysema, unspecified)
- **M1023b:** F17.210 (Nicotine dependence, cigarettes, uncomplicated)

DecisionHealth
an HCI Group brand

Q1 2018 *Coding Clinic* Guidance

- Topics covered:
  - Ascites due to liver cirrhosis and chronic viral hepatitis C
  - Sepsis due to E. coli UTI
  - Alcohol abuse and withdrawal
  - Interpreting "concern for" in documentation
  - Psychosocial conditions

DecisionHealth
an HCI Group brand

Ascites Due to Liver Cirrhosis & Chronic Viral Hepatitis C

- 3 codes needed for this diagnosis
  - B18.2 (Chronic viral hepatitis C)
  - K74.60 (Unspecified cirrhosis of liver)
  - R18.8 (Ascites NOS)
- Index entries for these conditions may be confusing but ***do not code*** K71.51 (Toxic liver disease with chronic active hepatitis with ascites) or K70.31 (Alcoholic cirrhosis of liver with ascites) as the patient does not have toxic liver disease or alcoholic cirrhosis
- *Remember the basic rule of coding:* Further research/review may be required if the code indexed does not identify the condition correctly
- The additional code for the ascites is necessary because ascites is not always present with these conditions and is coded to convey the full clinical picture, according to *Coding Clinic*

DecisionHealth
an HCI Group brand

Sepsis Due to E. coli UTI

- Code A41.51 (Sepsis due to Escherichia coli [E. coli]) and N39.0 (Urinary tract infection, site not specified) for this diagnosis
- Do not also code B96.20 (Unspecified Escherichia coli [E. coli] as the cause of diseases classified elsewhere) because this would be redundant, according to *Coding Clinic*

DecisionHealth
an HCI Group brand

Scenario: Sepsis From UTI

- A 68-year-old woman comes to home health for IV antibiotic therapy to treat sepsis that her medical record documentation indicates was caused by an E. coli UTI.

DecisionHealth
an HCI Group brand

Scenario: Sepsis From UTI

- **M1021a:** A41.51 (Sepsis due to Escherichia coli [E. coli])
- **M1023b:** N39.0 (Urinary tract infection, site not specified)
- **M1023c:** Z45.2 (Encounter for adjustment and management of vascular access device)
- **M1023d:** Z79.2 (Long-term (current) use of antibiotics)

DecisionHealth
an HCI Group brand

Alcohol Abuse & Withdrawal

- For a patient with alcohol abuse and alcohol withdrawal, code alcohol abuse rather than dependence
- ***Example:*** F10.10 (Alcohol abuse, uncomplicated)
- Do not assign a code for withdrawal, according to *Coding Clinic*
- This is because alcohol withdrawal is categorized as alcohol dependence in ICD-10 and there is no way to code alcohol withdrawal with alcohol abuse

DecisionHealth
an HCI Group brand

"Concern For" in Documentation

- Interpret the wording "concern for" the same as an uncertain diagnosis, according to *Coding Clinic*
- Uncertain diagnoses cannot be coded in home health without further confirmation, according to coding guidelines. *[II.H]*

DecisionHealth
an HCI Group brand

Psychosocial Conditions

- You can assign codes in categories Z55–Z65 based on clinician documentation, not just the physician's
- This section of codes covers "Persons with potential hazards related to socioeconomic and psychosocial circumstances"
- ***Example:*** Z55.0 (Illiteracy and low-level literacy)
- These codes capture social information rather than medical diagnoses and are thus acceptable to code based on clinician documentation, according to *Coding Clinic*

DecisionHealth
an H3.Group brand

Questions & Answers

Megan Batty, MJ, HSC-D
Executive Editor, Diagnosis Coding Pro for Home Health
Jr. Product Manager, Post-Acute Care Group
DecisionHealth, H3.Group

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 H3.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?75534:.mlsp.:YPADA032018A

Please consider attending the upcoming 16th Annual Home Health Coding Summit August 5–10 in Ft. Lauderdale, Florida.

Visit our website for details on this event:

http://store.decisionhealth.com/home-health-coding-summit

This concludes today's program.

DecisionHealth
an H3.Group brand

Copyright Information

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

"Stay in the Know: Get the Latest Coding Clinic Guidance"

a 60-minute webinar on
March 20, 2018

Maria Tsigas

Maria Tsigas, Senior Director of Medical Practice & Post-Acute Product
DecisionHealth, an H3.Group division of Simplify Compliance LLC, 100 Winners Circle, Suite 300, Brentwood, TN 37027