



Industry Collaboration Effort  
Health Plans • Providers • Associations

*Communication for Collaboration*

# Coding Hints

**Medicare's guidelines state," Code all documented conditions which co-exist at the time of the visit that require or affect patient care or treatment".**

## Some BASICS

- DO NOT use ICD-9 code 436 for "History of" or current CVA. Instead use V12.54 if there is no lasting sequelae or "Old CVA with late effects", (i.e. aphasia, slurred speech, gait problem, etc.) 438. xx. Acute CVA is coded 433.x to 434.x and should only be used in a hospital setting.
- **Abuse vs. Dependence:**
  - Alcohol dependence (alcoholism) 303.9x is risk-assessed. Alcohol abuse is not.
  - Drug dependence 304.xx risk adjusts. Drug abuse does not.
- **The word "chronic" makes some conditions risk-assessed:**
  - Chronic Hepatitis B 070.32 is risk-assessed vs. acute Hepatitis B which is not.
  - Chronic hepatitis 571.40 is risk-assessed vs. acute which is not.
  - Chronic renal insufficiency vs. renal insufficiency
  - Chronic conditions (CHF, COPD, DM)
- **Document at least once a year**
  - Chronic conditions (CHF, COPD, DM)
  - Active status conditions (amputations, colostomy)
  - Pertinent past conditions (Old MI)
- **Some conditions require 2 codes**
  - Diabetic manifestations (diabetes and the manifestation)
  - Pressure ulcers (site and stage)
  - Hypertensive renal disease (hypertension code-403.x and renal code)
  - Cirrhosis due to alcohol (cirrhosis and ETOH)
  - Pneumonia (pneumonia and organism)
  - Infection (infection by site and organism)

- **Chronic Kidney disease (CKD) vs. Renal insufficiency:**
  - Review GFR levels on labs and re-run labs within 3 months if GFR less <60. When GFR levels are consistently <60, code according to the specific stage.
  - When documenting in chart, you want to specify the stage.
    - 585.1 – Stage 1 High creatinine or BUN, or proteinuria GRF ≥90
    - 585.2 – Stage 2 High creatinine or BUN, or proteinuria GRF 60-89
    - 585.3 – Stage 3 GFR 30-59
    - 585.4 – Stage 4 GFR 15-29
    - 585.5 – Stage 5 GFR less than 15
    - 585.6 – End Stage Renal Disease
    - 585.9 – Chronic Renal Insufficiency if stage is not known

|                             |
|-----------------------------|
| <b>Common coding errors</b> |
|-----------------------------|

**History of Myocardial Infarction (410-411.89)**

The above codes are used for only an 8 week period. After that old MI, 412, is used forever. Each year, physician must address and carry the diagnosis over each and every year. You can document 'old MI w/CAD' – 412 and 414.00, but Old MI has higher specificity than CAD so always code 1<sup>st</sup>.

**Be careful about tense**

- History of MI, not MI (after 8 weeks post)
- History of thyroid cancer, not thyroid cancer (after all treatment is done)
- History of stroke V12.54 or sequelae 438.x , not CVA (once the patient leaves the hospital)

**AAA- Abdominal Aortic Aneurysm (441-441.9)**

This diagnosis is often missed. There is a high rate of failure to document follow up year after year. The physician should always address the status once a year and do appropriate testing.

**“Status of” conditions**

Tracheostomy Status  
Artificial Openings/ Ostomies  
Prosthetics/ Amputations  
Dialysis

*Provider needs to document and code for the above issues at least once a year while the patient has the status. If a patient has had an artificial opening closed that date should be on the problem list.*

### Diabetes w/ Manifestations (250.0x-250.9x)

This diagnosis is very often documented and coded incorrectly.

*Is the diabetes controlled, or uncontrolled?*

*Is there a manifestation related to the Diabetes?*

Remember the 5<sup>th</sup> digits-1 and 3 refer to Juvenile-onset Diabetics only for controlled and uncontrolled. There are no longer any code numbers referring to use of insulin.

|        |                            | <i>Documentation example</i>    |
|--------|----------------------------|---------------------------------|
| 250.4x | Renal Manifestations       | CKD due to DM                   |
| 250.5x | Optical Manifestation      | Diabetic retinopathy            |
| 250.6x | Neurological Manifestation | Diabetic neuropathy             |
| 250.7x | Circulatory Manifestation  | PVD caused by DM                |
| 250.8x | Other manifestations       | Diabetic ulcers or hypoglycemia |

### Respiratory conditions

These need to be addressed each year even if they are stable on medication.

|                            |        |
|----------------------------|--------|
| COPD                       | 496    |
| Chronic Bronchitis         | 491.x  |
| Emphysema                  | 492.x  |
| Chronic Obstructive Asthma | 493.2x |

### Mental Health Issues/ Recurrent Depressions

Many mental health conditions risk adjust. These need to be addressed even though the patient is stable on meds. An example would be: Major depression is stable on Prozac. 296.30

- Bipolar 296.xx
- Schizophrenia 295.x
- Major depression 296.2x – 296.3x

*Definition of mood disorder from Ingenix ICD-9-CM for Physicians 2009 Expert: "Mood disorder that produces depression, may exhibit as sadness, low self-esteem, or guilt feelings; other manifestations may be withdrawal from friends and family, interrupted sleep."*

### Protein Calorie Malnutrition (261-263.9)

This is a VERY often missed diagnosis. Consider this in your cancer, elderly demented, alcoholic, renal or respiratory patients.

Symptoms include:

- Involuntary weight loss >10% in the previous few months
- BMI <18.5
- Poor nutrition or loss of appetite or Seriously curtailed food intake
- Daily GI symptoms such as anorexia, nausea, vomiting or diarrhea for at least 2 weeks
- Marked reduction in physical capacity
- Wasting appearance or muscle wasting

## Do you mean?

| If you document           | Do you really mean?          |
|---------------------------|------------------------------|
| open wound                | skin ulcer                   |
| bronchitis                | chronic bronchitis           |
| asthma                    | chronic obstructive asthma   |
| cardiac dysrhythmia       | atrial fibrillation          |
| cardiac dysrhythmia       | paroxysmal tachycardia       |
| anemia of chronic disease | protein calorie malnutrition |
| anemia of chronic disease | cachexia                     |
| loss of weight            | protein calorie malnutrition |
| cancer                    | history of cancer            |
| chest pain                | angina                       |
| essential tremor          | Parkinson's                  |
| CAD                       | angina                       |
| CAD                       | old MI                       |
| CVA / stroke              | history of CVA               |
| dyspepsia/reflux disease  | GERD                         |

## Forever codes

Some conditions the patient will have forever and they need to be addressed at least yearly. Some of these are:

- Amputations
- Organ transplants
- History of MI
- Multiply sclerosis
- Alcoholism in remission
- Schizophrenia
- CHF (compensated)

Some conditions are probably forever and these also need to be addressed each year. Remember the patient still has the condition even though medication or a device is covering up the symptoms.

- Hepatitis
- Artificial openings like colostomy, ileostomy
- Cirrhosis
- Diabetes
- Sick Sinus Syndrome (pacemaker)