Coding Chronic Conditions

Presented by

Medical Revenue Solutions, LLC
An Independent Healthcare Audit Organization

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Disclaimer

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Fair Warning!
Objectives

- To learn and have fun
- To share your knowledge
- To communicate effectively with your provider
Definition of a Chronic Condition

- Lasting 3 months or more
- Marked by long duration
- Do not resolve spontaneously
- Frequent recurrence over a long time
- May have slow progressive course of indefinite duration
- Treatment can alleviate but not cure the condition
Chronic diseases are responsible for 7 of 10 deaths each year, and treating people with chronic diseases accounts for 86% of our nation’s health care costs
Did You Know?

• 1 in 5 Americans suffer from one or more mental disorders
• More than 2/3 of adults with a mental disorder have one or more chronic general medical disorders

AND

• Nearly 1/3 of adults with a chronic general medical disorder also suffer from a comorbid mental disorder

• Comorbidity is the rule rather than the exception
Facts for the U.S.

- Chronic diseases and conditions are among the most common, costly, and preventable of all health problems.
- As of 2012, about ½ of all adults had one or more chronic conditions
  - 1 in 4 had two or more
  - 7 of top 10 causes of death in 2010 were chronic diseases
- Obesity present in more than 1/3 of adults
  - 1 in 5 youth (2-19) are obese
- Arthritis is most common cause of disability
- Diabetes is leading cause of kidney failure and lower limb amputations other than those due to injury

http://www.cdc.gov/chronicdisease/overview/
The Cost…

- Chronic conditions account for most health care costs in the U.S.
  - Decreased productivity
    - Absence from work
    - Less productive while at work
    - Inability to work due to complications

- 10% of Americans 47 and older develop a chronic disease each year
- 80% of nation’s 2.5 trillion health spending goes to chronic disease management
The Cost…cont.

- **Diabetes**
  - $174 billion

- **Heart disease and stroke**
  - $432 billion

- **Lung disease**
  - $154 billion

- **Alzheimer’s disease**
  - $148 billion
In 2014 chronic diseases accounted for 93% of all Medicare spending


Health Risk Behaviors Causing Chronic Diseases

- Lack of exercise
- Major risk factors for heart disease or stroke
- Poor diet-lack of fruits and vegetables
- Cigarette smoking
- Excessive drinking (alcohol)

http://www.cdc.gov/chronicdisease/overview/
Importance of Documentation
Documentation

“Documentation is only good if the next physician who treats the patient can pick up your record and know exactly what happened”

The medical record should be:

- Complete
- Precise
- Reliable
- Consistent
- Legible
- Timely
Medical Necessity

- CMS definition:
  - Reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member

- Medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT® code. It would not be medically necessary or appropriate to bill a higher level of E&M service when a lower level of service is warranted. *The volume of documentation should not be the primary influence upon which a specific level of service is billed.*

- AMA definition:
  - Health care services a prudent physician would provide to a patient for the purpose of preventing, diagnosing or treating an illness, injury, disease or its symptoms
Medical Necessity

• Medically necessary services must be:
  • In accordance with generally accepted standards of medical practice
  • Clinically appropriate in terms of type, frequency, extent, site and duration
  • Not for the convenience of the patient, physician or other health care provider
  • Performed or prescribed by the provider
Purpose of Good Documentation

• The medical record should be complete and legible
• The documentation of each patient encounter should include
  • The reason for the encounter and relevant history
  • Physical examination, findings, and prior diagnostic test results
  • Assessment, clinical impression, or diagnosis
  • Medical plan of care
  • The date and legible identity of the observer
Accuracy is of THE Utmost Importance!

• Documentation should clearly indicate what was done
• Something that might seem trivial for the provider to document may be the reason a higher level of service could be supported
• Details, details, details!
Best Practices for Documentation

- Be graphic
- What are the thought processes that made your provider arrive at a final diagnosis?
- The more specificity, the better
- Make a case for your provider’s work
- Use key terms
- What were the results of the treatment?
- Document total time spent with patient
  - Document time for counseling/coordinating care
Best Practices for Documentation

- Avoid words which are vague or have more than one meaning
- Every entry should be signed and dated
- All contact, including telephone calls and correspondence with the patient should be documented in the record
- All instructions given to the patient and/or caregiver should be adequately recorded
- Avoid recording conflicting information
  - The reason should also be documented
Clinical Concepts
Clinical Concepts

- Type
- Temporal factors
- Caused by/Contributing factors
- Symptoms/Findings/Manifestations
- Localization/Laterality
- Anatomy
- Associated with
- Severity
- Episode
- Remission status

- History of
- Morphology
- Complicated by
- External Cause
- Activity
- Place of Occurrence
- Loss of Consciousness
- Substance
- Number of Gestations
- Outcome of Delivery
- BMI
Documentation Concepts

- The concept of *type* describes a condition that is typically considered a type of a condition, like type 1 diabetes or pathological fracture.
- *Temporal factors* relate a condition to a particular time parameter, such as acute, chronic, paroxysmal, or recurrent.
- *Causation or contributing factors* are just what they sound like. This concept relates that the patient’s condition is a result of another condition. You see this a lot in conditions caused by the patient’s use of drugs or alcohol, or by a physical disease.
Documentation Concepts

- The codes should not be the primary focus of the education
- Turn attention to clinical concepts
- Must have an in-depth understanding of clinical conditions
  - Clinicians document based on the clinical condition
  - They do not document based on code descriptors
Chronic Conditions

- Diabetes
- Arthritis
- Cancer
- Heart Failure
- Hypertensive diseases
- Kidney disease
- Alzheimer Disease
- Osteoporosis
- Asthma
- Obesity
- Atrial Fibrillation
- Depression
A Closer Look

Diabetes
Heart Failure
Hypertensive Diseases
Kidney Disease
Sepsis
Multiple Chronic Diseases
Diabetes E08-E13

- **Type**
  - Type 1
  - Type 2

- **Cause**
  - Drug or chemical induced
  - Due to underlying condition
  - Gestational

- **Complication/Manifestation**
  - Kidney
  - Ophthalmic
  - Neurological
  - Skin
  - Oral
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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>E11</td>
<td>Type 2 diabetes mellitus</td>
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<td>Includes: diabetes (mellitus) due to insulin secretory defect</td>
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<tr>
<td></td>
<td>diabetes NOS</td>
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<tr>
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<td>insulin resistant diabetes (mellitus)</td>
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<td></td>
<td>Use additional code to identify any insulin use (Z79.4)</td>
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<tr>
<td>E10.62</td>
<td>Type 1 diabetes mellitus with skin complications</td>
</tr>
<tr>
<td>E10.620</td>
<td>Type 1 diabetes mellitus with diabetic dermatitis</td>
</tr>
<tr>
<td></td>
<td>Type 1 diabetes mellitus with diabetic necrobiosis lipoidica</td>
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<td>E10.621</td>
<td>Type 1 diabetes mellitus with foot ulcer</td>
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<td>Use additional code to identify site of ulcer (L97.4-, L97.5-)</td>
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<tr>
<td>E10.622</td>
<td>Type 1 diabetes mellitus with other skin ulcer</td>
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<td>Use additional code to identify site of ulcer (L97.1-L97.9, L98.41-L98.49)</td>
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<td>E10.628</td>
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<td>E10.63</td>
<td>Type 1 diabetes mellitus with oral complications</td>
</tr>
<tr>
<td>E10.630</td>
<td>Type 1 diabetes mellitus with periodontal disease</td>
</tr>
<tr>
<td>E10.638</td>
<td>Type 1 diabetes mellitus with other oral complications</td>
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<td>E10.64</td>
<td>Type 1 diabetes mellitus with hypoglycemia</td>
</tr>
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<td>E10.641</td>
<td>Type 1 diabetes mellitus with hypoglycemia with coma</td>
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<td>E10.649</td>
<td>Type 1 diabetes mellitus with hypoglycemia without coma</td>
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<td>E10.65</td>
<td>Type 1 diabetes mellitus with hyperglycemia</td>
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<tr>
<td>E10.69</td>
<td>Type 1 diabetes mellitus with other specified complication</td>
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</table>
The patient is a 67 year old female who presents with a subcutaneous abscess. Last visit was 1 week ago. Symptoms include pain, swelling, tenderness, and drainage. Abscess location is the left buttock. The patient describes the pain as sharp. Patient had previous abscess that was treated by antibiotics. Will try antibiotics again however; if this does not improve will need to I&D.

Patient has a history of Diabetes. Patient checks BP regularly and this is controlled on Toprol. Blood sugars are stable and controlled with Metformin. No episodes of hypoglycemia. No side effects of meds and compliant with treatment.

Buttock abscess. DM – well controlled. HTN – well controlled. Will try antibiotics again however; if this does not improve will need to I&D

<table>
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<tr>
<th>Clinical Concept</th>
<th>DM</th>
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<tr>
<td>Type</td>
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<tr>
<td>Temporal Factors</td>
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</table>
Heart Failure I50

- **Type/severity**
  - **Left sided**
    - Fluid may back up in lungs causing shortness of breath
  - **Right sided**
    - Fluid may back up in abdomen, feet and legs, causing swelling
  - **Systolic**
    - Left ventricle doesn’t pump blood out to body as well as normal
  - **Diastolic**
    - Left ventricle cannot relax fully which limits ability to fill properly with blood
  - **Congestive**
    - Fluid that builds in lungs, liver, GI tract, arms and legs

- **Temporal factors**
  - Acute
  - Chronic
  - Acute on chronic
  - Combined systolic and diastolic
Heart Failure I50

• Associated conditions
• Cause/Contributing Factors/Complicated by
  – Code First in Tabular Index prior to codes
    • Complicating abortion or ectopic pregnancy
    • Due to hypertension
    • Due to hypertension with chronic kidney disease
    • Following surgery
    • Obstetric surgery and procedures
    • Rheumatic heart failure
I50 Heart failure

Code first:
- Heart failure complicating abortion or ectopic or molar pregnancy (O60-007, O08.8)
- Heart failure due to hypertension (I11.0)
- Heart failure due to hypertension with chronic kidney disease (I13-)
- Heart failure following surgery (I97-13-)
- Obstetric surgery and procedures (O75.4)
- Rheumatic heart failure (I09.81)

Excludes1: cardiac arrest (I46-)
- Neonatal cardiac failure (P29.0)

I50.1 Left ventricular failure
- Cardiac asthma
- Edema of lung with heart disease NOS
- Edema of lung with heart failure
- Left heart failure
- Pulmonary edema with heart disease NOS
- Pulmonary edema with heart failure

Excludes1: edema of lung without heart disease or heart failure (J81-)
- Pulmonary edema without heart disease or failure (J81-)

I50.2 Systolic (congestive) heart failure

Excludes1: combined systolic (congestive) and diastolic (congestive) heart failure (I50.4-)

I50.20 Unspecified systolic (congestive) heart failure
I50.21 Acute systolic (congestive) heart failure
I50.22 Chronic systolic (congestive) heart failure
I50.23 Acute on chronic systolic (congestive) heart failure

I50.3 Diastolic (congestive) heart failure

Excludes1: combined systolic (congestive) and diastolic (congestive) heart failure (I50.4-)

I50.30 Unspecified diastolic (congestive) heart failure
I50.31 Acute diastolic (congestive) heart failure
I50.32 Chronic diastolic (congestive) heart failure
I50.33 Acute on chronic diastolic (congestive) heart failure

I50.4 Combined systolic (congestive) and diastolic (congestive) heart failure
Chief Complaint: COPD

History of Present Illness: The patient is an 85-year-old female with advanced COPD, who presents to the emergency room complaining of 2-day history shortness of breath after she ran out of her inhalers. She is having increased sinus congestion, postnasal drip, but not having purulent sputum production. No fevers, chills, night sweats, or hemoptysis. No orthopnea or chest pain.

Past Medical History: Significant for advanced COPD with asthma diathesis, congestive heart failure with cardiomyopathy, baseline ejection fraction 30% to 35%, 2+ mitral regurgitation, nocturnal hypoxia, former history of tobacco abuse, diet-controlled diabetes, and paroxysmal atrial fibrillation.

Social History: She has a significant history of smoking, quitting over 5 years ago. She has worked at the hospital as a nurse in 1960s and 1970s. Does not abuse alcohol. Has a daughter who lives nearby.

Impression and Plan: Chronic obstructive pulmonary disease exacerbation, triggered by allergies and running out of her medications. So, we will admit her and start her on steroids and nebulizers. I will give her Flonase nasal spray and Ocean spray nasal spray to help with her allergies. I will also start her on Singulair 10 mg a day, which will not only help with her allergies, but also with the asthmatic component of her bronchospasm.

<table>
<thead>
<tr>
<th>Clinical Concept</th>
<th>COPD</th>
<th>HTN</th>
<th>HF</th>
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<td>Symptoms/Findings</td>
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</table>
Hypertensive Diseases (I10-I15)

- **Type**
  - Essential (primary)
    - Hypertensive heart disease
    - Hypertensive chronic kidney disease
    - Hypertensive heart and chronic kidney disease
  - Secondary
    - Renovascular
    - Renal disorders
    - Endocrine disorders

- **Caused by/Contributing factors**
  - Chronic kidney disease
  - Heart failure

- **Associated complications**

- **Severity**

- **Symptoms/Findings/Manifestations**

- **Temporal factors**
Hypertensive diseases (I10-I15)

Use additional code to identify:
- exposure to environmental tobacco smoke (Z77.22)
- history of tobacco use (Z87.681)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.2)
- tobacco use (Z72.0)

Hypertensive heart disease

Includes: any condition in I51.4-I51.9 due to hypertension

I11.0 Hypertensive heart disease with heart failure

Hypertensive heart failure

Use additional code to identify type of heart failure (I50.2)

I11.9 Hypertensive heart disease without heart failure

Hypertensive heart disease NOS

Hypertensive chronic kidney disease

Includes: any condition in N16 and N26 - due to hypertension
- arteriosclerosis of kidney
- arteriosclerotic nephritis (chronic) (interstitial)
- hypertensive nephropathy
- nephrosclerosis

Excludes: hypertension due to disease (I15.0, I15.1)
- renovascular hypertension (I15.0)
- secondary hypertension (I15.2)

Excludes2: acute kidney failure (N17.7)

I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease

Use additional code to identify the stage of chronic kidney disease (N18.5, N16.8)

I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

Hypertensive chronic kidney disease NOS

Hypertensive renal disease NOS

Use additional code to identify the stage of chronic kidney disease (N18.1-N18.4, N18.9)

Hypertensive heart and chronic kidney disease

Includes: any condition in I11.9 with any condition in I12.9 -
- cardiorespiratory disease
- cardiovascular renal disease

I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

Use additional code to identify type of heart failure (I50.2)

I13.1 Hypertensive heart and chronic kidney disease without heart failure

Use additional code to identify the stage of chronic kidney disease (N18.1-N18.4, N18.9)

I13.10 Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

Hypertensive heart disease and hypertensive chronic kidney disease NOS

I13.11 Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease

Use additional code to identify the stage of chronic kidney disease (N18.5, N18.6)

I13.2 Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease

Use additional code to identify type of heart failure (I50.2)

Use additional code to identify the stage of chronic kidney disease (N18.5, N16.8)
CHIEF COMPLAINT: The patient is here today for follow-up of diabetes and high blood pressure.

HISTORY OF PRESENT ILLNESS: is a very pleasant 52-year-old lady with history of diabetes and high blood pressure. The patient is here today really volunteers no new complaints. The patient will like me to go over her results with her.

I did review the patient's lab and also did review the imaging studies. Echocardiogram is normal. CT of the brain was also unremarkable. Lab result was reviewed. Her Chem panel is essentially normal with sodium of 138, potassium of 4.5, and blood sugar of 96. Hemoglobin A1c of 6.2. Lipid profile shows total cholesterol of 198 with triglyceride of 93 and LDL of 136.

PHYSICAL EXAMINATION: Vital signs: Blood pressure today is 108/76 with a pulse of 76.

ASSESSMENT/PLAN:
1. Diabetes without nephropathy or neuropathy. The patient will continue on current regimen.
2. Hypertension. Blood pressure is optimal. I have given her a refill of her Micardis.
3. COPD. I spent considerable amount of time encouraging the patient and educating her on importance of tobacco cessation. The patient demonstrated understating. The patient tells me she is working on it. The patient will return to see me in three to four months.
Kidney Disease

- **Type**
  - Stage 1-6
  - End stage
- **Temporal factors**
  - Acute
  - Chronic

- **Associated with/Caused by/Contributing factor**
  - Underlying condition
  - Diabetic chronic kidney disease
  - Hypertensive chronic kidney disease
  - History of
  - Transplant
N18 Chronic kidney disease (CKD)

**Code first any associated:**
- hypertensive chronic kidney disease (I12.-, I13.-)

**Use additional code to identify kidney transplant status, if applicable, (Z94.0)**

- N18.1 Chronic kidney disease, stage 1
- N18.2 Chronic kidney disease, stage 2 (mild)
- N18.3 Chronic kidney disease, stage 3 (moderate)
- N18.4 Chronic kidney disease, stage 4 (severe)
- N18.5 Chronic kidney disease, stage 5
  
  **Excludes1:** chronic kidney disease, stage 5 requiring chronic dialysis (N18.6)

- N18.6 End stage renal disease
  - Chronic kidney disease requiring chronic dialysis
  
  **Use additional code to identify dialysis status (Z99.2)**

- N18.9 Chronic kidney disease, unspecified
  - Chronic renal disease
  - Chronic renal failure NOS
  - Chronic renal insufficiency
  - Chronic uremia
CHIEF COMPLAINT: Swelling, Foot.

HISTORY OF PRESENT ILLNESS: The patient presents with bilateral acute swelling in his feet. He knows that his kidneys are failing and is under the care of Dr. X. He had a kidney biopsy last week and is currently undergoing workup for impending need for dialysis. He noticed over the last few days that his lower extremities are swelling. He denies SOB or other related symptoms. He thinks his last creatinine was 7. Patient states that he was getting most of his care with his primary care physician, but was sent to Dr. X for the biopsy. The onset of the swelling was 4 days ago. The severity of symptoms is worsening. Type of injury: none. Location: Bilateral ankles. The character of symptoms is swelling. The degree at present is moderate, 5/10. The relieving factor is elevation. Risk factors consist of chronic renal insufficiency and type 2 DM on insulin. Prior episodes: chronic. Therapy today: none. Associated symptoms: none. Additional history: none.


IMPRESSION AND PLAN: Acute on chronic renal failure volume overload.

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<tr>
<th>Clinical Concept</th>
<th>CKD</th>
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<tr>
<td>Temporal Factors</td>
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Sepsis

- **Type**
  - Sepsis
  - SIRS
  - Severe Sepsis

- **Caused by/Contributing factors**
  - Underlying infection

- **Associated with/complicated by**
  - Specific organ failure

- **Severity**
  - With acute organ dysfunction
  - With acute organ failure
Sepsis Progression

- Bacteremia (R78.81)
  - Organism in blood (blood contains bacteria)

- Septicemia (A41.9)
  - More specific and systemic infection (replicating bacteria that causes an infection)

- Sepsis, with SIRS due to infection
  - Indicates progression into sepsis but no acute organ dysfunction (SIRS=Systemic Inflammatory Response Syndrome)

- Severe Sepsis
  - With septic shock (life threatening low blood pressure) and acute organ dysfunction

- Multiple organ dysfunction

- Death
### A40 Streptococcal sepsis
- **Code first** postprocedural streptococcal sepsis (T81.4)
  - streptococcal sepsis during labor (O75.3)
  - streptococcal sepsis following abortion or ectopic or molar pregnancy (O03-O07, O08.0)
  - streptococcal sepsis following immunization (T88.0)
  - streptococcal sepsis following infusion, transfusion or therapeutic injection (T80.2)

**Excludes1:**
- neonatal (P36.0-P36.1)
- puerperal sepsis (O85)
- sepsis due to Streptococcus, group D (A41.81)

### A40.0 Sepsis due to streptococcus, group A

### A40.1 Sepsis due to streptococcus, group B

### A40.3 Sepsis due to Streptococcus pneumoniae
- Pneumococcal sepsis

### A40.8 Other streptococcal sepsis

### A40.9 Streptococcal sepsis, unspecified

### A41 Other sepsis
- **Code first** postprocedural sepsis (T81.4)
  - sepsis during labor (O75.3)
  - sepsis following abortion, ectopic or molar pregnancy (O03-O07, O08.0)
  - sepsis following immunization (T88.0)
  - sepsis following infusion, transfusion or therapeutic injection (T80.2)

**Excludes1:**
- bacteremia NOS (R78.81)
- neonatal (P36.0)
- puerperal sepsis (O85)
- sepsis NOS (A41.9)
- streptococcal sepsis (A40.1)

**Excludes2:**
- sepsis (due to) (A42.7)
- sepsis (due to) (A22.7)
- sepsis (due to) (A37.7)
- sepsis (due to) (A26.7)
- sepsis (due to) (A28.2)
- sepsis (due to) (A04.86)
- sepsis (due to) (B00.7)
- sepsis (due to) (A32.7)
- sepsis (due to) (A24.1)
- sepsis (due to) (A30.2-A30.4)
- sepsis (due to) (A26.7)
- sepsis (due to) (A21.7)
- toxic shock syndrome (A41.3)

### R65.2 Severe sepsis
- Infection with associated acute organ dysfunction
- Sepsis with acute organ dysfunction
- Sepsis with multiple organ dysfunction
- Systemic inflammatory response syndrome due to infectious process with acute organ dysfunction

**Code first** underlying infection, such as:
- infection following a procedure (T81.4)
- infections following infusion, transfusion and therapeutic injection (T80.2)
- puerperal sepsis (O85)
- sepsis following complete or unspecified spontaneous abortion (O03.87)
- sepsis following ectopic and molar pregnancy (O08.82)
- sepsis following incomplete spontaneous abortion (O03.37)
- sepsis following (induced) termination of pregnancy (O04.87)
- sepsis NOS (A41.9)

**Use additional** code to identify specific acute organ dysfunction, such as:
- acute kidney failure (N17.1)
- acute respiratory failure (J96.0)
- critical illness myopathy (G72.81)
- critical illness polyneuropathy (G62.81)
- disseminated intravascular coagulopathy [DIC] (D65)
- encephalopathy (metabolic) (septic) (G03.41)
- hepatic failure (K72.0)

### R65.20 Severe sepsis without septic shock
- Severe sepsis NOS

### R65.21 Severe sepsis with septic shock

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An Independent Healthcare Audit Organization
FINDINGS:
This is a critically ill 81-year-old gentleman whom I was asked to evaluate for antibiotic management. This patient is currently intubated and sedated. As a result, the history of present illness was obtained from review of the medical record and discussion with staff.

The patient has been dealing with bronchitis at home and working with physical therapy and became increasingly weak and more dyspneic. The patient was hospitalized on February 7, 2016; antibiotic regimen was changed to ceftriaxone and doxycycline the following day. The patient began to complain of right upper quadrant pain that radiated to the lower quadrant. CT scan demonstrated right-sided hydronephrosis with a ureteral calculus and fluid in the pelvic gutter. The patient was transferred for surgical evaluation; after the CT scan was obtained, nephrolithiasis was documented. The patient was clearly going to need cystoscopy given the dimensions and configuration of the stone which was not going to pass; however he was on Plavix and Coumadin, this required a delay. Unfortunately, while waiting for the patient to become medically stable to proceed with treatment, he developed encephalopathy and had to be emergently intubated. He developed findings consistent with aspiration pneumonia. He was placed on Zosyn. Blood cultures were obtained on February 15, 2016 in response to his clinical decline, these were negative until today. Indeed 106 hours after the blood was drawn, the sample from the patient's Port-A-Cath has yielded yeast.

IMPRESSION:
Sepsis from a pulmonary source
Healthcare-associated pneumonia due to aspiration.
Hydronephrosis due to nephrolithiasis.
Acute-on-chronic renal failure.
Fungemia, not yet further identified.
Acute hypoxic respiratory failure.
Chronic immunosuppression, on exogenous glucocorticoids.
Diabetes mellitus, type 2, noninsulin requiring.

<table>
<thead>
<tr>
<th>Clinical Concept</th>
<th>Sepsis</th>
<th>Pneumonia</th>
<th>Renal Failure</th>
<th>Respiratory Failure</th>
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<td>Temporal Factors</td>
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Multiple Chronic Conditions

- Sequencing
- When to code, which to code
- Effects on each other
CHIEF COMPLAINT: The patient is an 83-year-old white female who presents with a chief complaint of nausea, vomiting, and belly cramping, with no significant bowel movement over the last 7 to 10 days.

HISTORY OF PRESENT ILLNESS: The last time she had a good bowel movement was when she drank GoLYTELY. She has tried MiraLax, enemas, and Dulcolax suppositories, and was unsuccessful. She has no complaints of hematemesis, melanotic stools, or bright red blood per rectum.

PAST MEDICAL HISTORY: Significant for atrial fibrillation, CHF, hypertension, diabetes, arthritis, uterine cancer, and pneumonia.

ED COURSE: The patient had an IV, CBC, CMP, coags which are pending, and a CRP and lipase. Her labs otherwise are normal. She also had an x-ray of her abdomen, which did reveal nonspecific, nonobstructive bowel gas pattern with moderate feces within the colon. I went over the results with the patient. She has failed outpatient management for the constipation, so she will be placed into observation for relief of the constipation. Dr. D was consulted. Dr. M was on call; I discussed it with him. He asked us to do 1 dose of MiraLax and soapsuds enemas until clear. EKG and coags are pending, and I will update if there are significant abnormalities.

DIAGNOSES:
- Constipation.
- Atrial fibrillation.
- Diabetes.
- Hypertension.
K59.0 Constipation
   Excludes: fecal impaction (K56.41), incomplete defecation (R15.0)
K59.00 Constipation, unspecified
K59.01 Slow transit constipation
K59.02 Outlet dysfunction constipation
K59.09 Other constipation

I48 Atrial fibrillation and flutter
   I48.0 Paroxysmal atrial fibrillation
   I48.1 Persistent atrial fibrillation
   I48.2 Chronic atrial fibrillation
      Permanent atrial fibrillation
   I48.3 Typical atrial flutter
      Type I atrial flutter
   I48.4 Atypical atrial flutter
      Type II atrial flutter
   I48.9 Unspecified atrial fibrillation and atrial flutter
      I48.91 Unspecified atrial fibrillation
      I48.92 Unspecified atrial flutter

E11 Type 2 diabetes mellitus
   Includes: diabetes (mellitus) due to insulin secretory defect
   diabetes NOS
   insulin resistant diabetes (mellitus)
   Use additional code to identify any insulin use (Z79.4)

I10 Essential (primary) hypertension
   Includes: high blood pressure
   hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)
   Excludes:1 hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)
   Excludes:2 essential (primary) hypertension involving vessels of brain (I60-I69)
   essential (primary) hypertension involving vessels of eye (H35.0-)
Reason for Visit: Here on consultation from Dr. B for Diabetes.

HPI: She has had diabetes mellitus for the last 40 years. She has been on an insulin pump for the last 7 years. Diabetic complications—polyneuropathy. She has been getting her diabetes care from her nurse practitioner in Nashville, but she is getting tired of making this trip 4 times a year. Hemoglobin A1C is said to be 7.1% 2 months ago. Fasting blood sugar is near 146, but this can be as low as 55, by noontime her blood sugar is 158, going down to 49 at times. At supper time, her blood sugar is 210 on average. By bedtime, her blood sugar is near 72. She boluses NovoLog 1 unit for every 6 g of carbohydrates with breakfast and lunch, 1 unit for every 4 g of carbohydrates with supper. She is on Symlin 120mcg with each meal, Metformin 1000mg BID. She has a history of hypertension and her blood pressure is rather high today. Dr. Lewis just added HCTZ to her regimen. She is being treated for hyperlipidemia with Simvastatin 40mg daily. Microalbumin was 34.0 on 03/23/11 and she has never seen a nephrologist. Dilated eye exam was performed 2 months ago and she has had retinopathy. She has a history of retinal detachment and she is blind in the left eye.

She received a flu shot in September 2010. Recently, she had some trouble swallowing and a thyroid ultrasound was performed on 04/06/11. On the right lobe, there was a 1.5-cm and a 1.7-cm nodule.

Assessment:
Benign essential hypertension
Hyperlipidemia
Nontoxic multi-nodular goiter
Type 2 diabetes with neurological complications—uncontrolled

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<th>DM</th>
<th>HTN</th>
<th>Goiter</th>
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</table>
Type of diabetes mellitus not documented
If the type of diabetes mellitus is not documented in the medical record the default is E11.-, Type 2 diabetes mellitus.

I10 Essential (primary) hypertension
Includes: high blood pressure
hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)
Excludes1: hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)
Excludes2: essential (primary) hypertension involving vessels of brain (I60-I69)
essential (primary) hypertension involving vessels of eye (H35.0-)

E78 Disorders of lipoprotein metabolism and other lipemias
Excludes1: sphingolipidosis (E75.0-E75.3)

E78.0 Pure hypercholesterolemia
Familial hypercholesterolemia
Fredrickson's hyperlipoproteinemia, type Ia
Hyperbeta lipoproteinemia
Hyperlipidemia, Group A
Low-density-lipoprotein-type [LDL] hyperlipoproteinemia

E78.1 Pure hyperglyceridemia
Elevated fasting triglycerides
Endogenous hyperglyceridemia
Fredrickson's hyperlipoproteinemia, type IV
Hyperlipidemia, group B
Hyperprebeta lipoproteinemia
Very-low-density-lipoprotein-type [VLDL] hyperlipoproteinemia

E78.2 Mixed hyperlipidemia
Broad- or floating-beta lipoproteinemia
Combined hyperlipidemia NOS
Elevated cholesterol with elevated triglycerides NEC
Fredrickson's hyperlipoproteinemia, type IIb or III
Hyperbeta lipoproteinemia with prebeta lipoproteinemia
Hypercholesterolemia with endogenous hyperglyceridemia
Hyperlipidemia, group C
Tubo-eruptive xanthoma
Xanthoma tuberosum
Excludes1: cerebroretinodous cholesterosis [van Bogaert-Scherer. Epstein] (E75.5)
Familial combined hyperlipidemia (E78.4)

E78.3 Hyperchylomicronemia
Chylomicon retention disease
Fredrickson's hyperlipoproteinemia, type I or V
Hyperlipidemia, group D
Mixed hyperglyceridemia

E78.4 Other hyperlipidemia
Familial combined hyperlipidemia

E78.5 Hyperlipidemia, unspecified
Type 2 diabetes mellitus
Includes: diabetes (mellitus) due to insulin secretory defect
diabetes NOS
insulin resistant diabetes (mellitus)
Use additional code to identify any insulin use (Z79.4)

Hypertensive chronic kidney disease
Includes: any condition in N18 and N28 - due to hypertension
arteriosclerotic nephritis (chronic) (interstitial)
arteriosclerotic nephropathy
nephrosclerosis
Excludes1: hypertension due to kidney disease (I15.0, I15.1)
rheovascular hypertension (I15.0)
secondary hypertension (I15.-)
Excludes2: acute kidney failure (N17.-)

Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
Use additional code to identify the stage of chronic kidney disease (N18.5, N18.6)

Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Hypertensive chronic kidney disease NOS
Hypertensive renal disease NOS
Use additional code to identify the stage of chronic kidney disease (N18.1-N18.4, N18.0)

Hypertensive heart and chronic kidney disease
Includes: any condition in I17 - with any condition in I12 -
cardiovascular disease
cardiovascular renal disease

Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Use additional code to identify type of heart failure (I50.-)

Hypertensive heart and chronic kidney disease without heart failure

Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Hypertensive heart disease and hypertensive chronic kidney disease NOS
Use additional code to identify the stage of chronic kidney disease (N18.1-N18.4, N18.9)

Hypertensive heart and chronic kidney disease with heart failure and without stage 5 chronic kidney disease, or end stage renal disease
Use additional code to identify the stage of chronic kidney disease (N18.5, N18.6)

Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease
Use additional code to identify type of heart failure (I50.-)
Use additional code to identify the stage of chronic kidney disease (N18.5, N18.6)

Chronic kidney disease (CKD)

Code first any associated:
diabetic chronic kidney disease (E08.22, E09.22, E10.22, E11.22, E13.22)
hypertensive chronic kidney disease (I12.-, I13.-)

Use additional code to identify kidney transplant status, if applicable, (Z94.0)

Chronic kidney disease, stage 1
Chronic kidney disease, stage 2 (mild)
Chronic kidney disease, stage 3 (moderate)
Chronic kidney disease, stage 4 (severe)
Chronic kidney disease, stage 5
Excludes1: chronic kidney disease, stage 5 requiring chronic dialysis (N18.8)

End stage renal disease
Chronic kidney disease requiring chronic dialysis
Use additional code to identify dialysis status (Z99.2)

Chronic kidney disease, unspecified
Chronic renal disease
Chronic renal failure NOS
Chronic renal insufficiency
Chronic uremia
The patient is a 64 year old female who presents for a recheck of diabetes. Patient states the problem is unchanged. Patient has been compliant with adequate exercise, alcohol avoidance, low carbohydrate diet, low cholesterol diet, low fat diet, medication as directed and smoking cessation. Current medication use: experiencing no side effects. Purpose of visit: requesting medication refills. The patient has had a diagnosis of diabetes for 7 years. Patient does exercise, but does not use alcohol or smoke. Patient reports no hypoglycemia and is doing well. Weight gain noted.

Recheck of hypertension is described as the following: Patient states the problem is unchanged. Patient has been compliant with adequate exercise, alcohol avoidance, low carbohydrate diet, low cholesterol diet, low fat diet, medication and smoking cessation. Patient has been monitoring blood pressure. Current medication use: experiencing no side effects. Note for “hypertension recheck”: BP has not been under control and she reports has been taking her meds. Will need to add another med to control BP.

Recheck of hyperlipidemia is described as the following: Patient states the problem is unchanged. Patient has been compliant with adequate exercise, alcohol avoidance, low carbohydrate diet, low cholesterol diet, low fat diet, medication and smoking cessation. Current medication use: experiencing no side effects.

Recheck of chronic kidney disease. This is classed as Stage 2 – being seen by nephrology and has been stable. Meds reviewed.

Assessment and Plan: DM uncomplicated, Type II, uncontrolled; Hypertension; benign essential; Hyperlipidemia; Chronic Kidney disease; stage II
Conclusion

- Documentation must support medical necessity
  - Coding tells the story of the patient, the more detail, the better
- Beneficial to use Clinical Concepts in feedback to provider
- Open lines of communication are important between coder and provider
- Communication with the provider is crucial
- Clear, concise and detailed documentation is the key
Sited Sources

• AAPC
  • www.cdc.gov
• ICD-10 Monitor
  • www.CMS.gov
  • www.diabetes.org
  • www.heart.org
• www.nlm.nih.gov
QUESTIONS

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THANK YOU!

CEU #