Coding Tips and Best Practices

Risk Adjustment Programs for Provider Engagement and Education

April 16, 2024

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This Presentation will be available on the Blue Cross NC Provider's Risk Adjustment webpage for educational purposes only.

Please submit questions in the Q&A box

If we cannot answer your question during the session, the response will be emailed to you after the Webinar.

Disclaimer

This presentation is intended for both physicians and office staff. The information contained in this presentation and responses to the questions are not intended to serve as official coding or legal advice.

All Coding should be considered case by case basis and should be supported by medical necessity and the appropriate documentation reflected within the medical record.

Risk Adjustment Provider Engagement and Education Team

Kira Cheek
CPC,CRC
Risk Adjustment Management Associate

Dominique Brown
LPN, MBA, MHA, CSM®
Clinical Risk Management Analyst

Laura Shelton
Risk Adjustment Management Associate

Trish Burns
RN, BA
Clinical Risk Management Analyst

Jacqueline Duncan
BA, LPN, CPC, CRC, COBGC
Clinical Risk Management Analyst

Tracey Cox
RN, CPC, CRC
Clinical Risk Management Analyst

Objectives

After this webinar participants will have/be able to:

- ✓ A review of ICD 10 general guidelines
- ✓ A thorough understanding of why accurate coding is so important
- ✓ A review of combination codes, acute and chronic conditions, and sequela codes
- ✓ Review of frequent coding errors with MI and stroke codes.

Coding Basics

Why Coding Proficiency Matters

- ✓ Medical coding is a complex function that demands a high level of analysis and attention to detail.
- ✓ It is a crucial component of healthcare administration, as it ensures that patients receive the right healthcare services and that providers are reimbursed appropriately for their services.
- ✓ The knowledge and expertise of coders are essential in preventing claims denial and optimizing reimbursements.
- ✓ It is key that medical record documentation supports diagnosis codes submitted on a claim.

Coding Basics

Coding Basics: Why accurate and complete coding is so important

There are approximately 72,000 ICD 10 codes.

- ✓ About 9500 of those diagnosis codes map to 115 payment HCCs in the V28 model (86 HCCs in the V24 model).
- ✓ HCCs are used to calculate a patient's clinical risk score and have a direct bearing on projecting how much it will cost to take care of that patient each year.
- ✓ Accurately capturing health status is vital to high quality care and calculating reimbursements

Coding Basics

Coding Basics: Coding Chronic Conditions

- ✓ Active, effective management of the chronic conditions is critical to ensuring that Medicare and ACA beneficiaries receive the best possible care, and that these programs remain sustainable.
- ✓ Accurate and complete documentation of chronic condition diagnoses by clinicians, including MEAT, is an essential component of the risk adjustment and HCC process.
- ✓ **Providers are required to document all conditions evaluated during every face-to-face visit.**
- ✓ Coding professionals need to review the entire medical record encounter to assign appropriate ICD10-CM diagnosis codes.

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Basics: Reminders

STEP 1 To select a code in the classification that corresponds to a diagnosis or reason for visit documented in a medical record, first locate the term in the Alphabetic Index.

Alphabetical Index → Don't skip this step → Look up the Main Term or Diagnosis

STEP 2 Selection of the full code, including laterality and any applicable 7th character can only be done in the Tabular List.

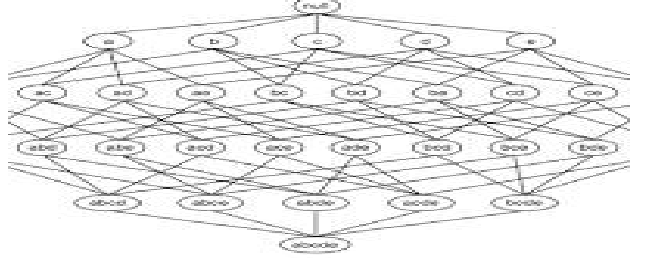
Tabular List → Verify and understand → Verify the code
Read Guidelines

Combination Codes

Combination Codes

Combination Code Description

- A combination code is a single code used to classify:
  - Two diagnoses
  - A diagnosis with an associated secondary process (manifestation)
  - A diagnosis with an associated complication



Combination Codes

Identifying and Applying Combination Codes

- To determine whether a combination code might exist for two diagnoses:
  - Look for subterms that use these words:
    - "with"
    - "due to"
    - "in"
    - "associated with"

These words could tie 2 diagnoses together

Combination Codes

Identifying and Applying Combination Codes

For example: Atherosclerotic heart disease of the native coronary artery with unstable angina pectoris.

There are 2 diagnoses:

- Atherosclerotic heart disease of the native coronary artery **I25.1**
- Unstable Angina Pectoris **I20.0**

I25.1 + I20.0 **= Combination code I25.110**

Combination Codes

Identifying and Applying Combination Codes

– Combination codes are identified by referring to subterm entries in the Alphabetic Index

– And by reading the inclusion and exclusion notes in the Tabular List.

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Combination Codes

Dx: Atherosclerotic heart disease of the **native** coronary artery **with** unstable angina pectoris.

1.

Click on Arteriosclerosis, then scroll down to Coronary

- Angina (attack) (cardiac) (chest) (heart) (pectoris) (syndrome) (vasomotor) I20.9
  - with
    - atherosclerotic heart disease - see Arteriosclerosis , coronary (artery) ,
    - coronary microvascular disease I20.81
    - coronary microvascular dysfunction I20.81
    - documented spasm I20.1

2.

Make sure to choose the correct term for your dx. The first choice is for bypass.

- coronary (artery) I25.10
  - bypass graft I25.810
    - with
      - angina pectoris I25.709
        - with documented spasm I25.701
        - refractory I25.702
        - specified type NEC I25.708
        - unstable I25.700
      - ischemic chest pain I25.709

3.

Our dx states native so scroll down.

- native vessel
  - with
    - angina pectoris I25.119
      - with documented spasm I25.111
      - refractory I25.112
      - specified type NEC I25.118
      - unstable I25.110
    - ischemic chest pain I25.119

Let's Practice!

Coding Tips

Combination Code Examples

- Diagnosis:
  - Type 2 diabetes with mild nonproliferative retinopathy with macular edema

What’s the first step?

Notice the words “with”

Combination Codes

Alpha Search Diabetes

Notice "with" and click open then scroll down to retinopathy

Diabetes, diabetic (mellitus) (sugar) 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

Find retinopathy and follow to non proliferative.

- retinopathy E11.319
  - with macular edema E11.311
    - resolved following treatment E11.37-
  - nonproliferative E11.329
    - with macular edema E11.321
    - mild E11.329
      - with macular edema E11.321
    - moderate E11.339
      - with macular edema E11.331
    - severe E11.349
      - with macular edema E11.341

Combination Codes

✓7th E11.321 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema

E11.321

E11.3211 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye

E11.3212 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye

E11.3213 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral

E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye

+

E11.3219

Combination Code Examples

Combination Code Examples

- Diagnosis:
  - Type 2 diabetes with mild nonproliferative retinopathy with macular edema
  - E11.3219 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema

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Combination Code Examples

Hypertension with other chronic conditions

- Hypertension, commonly known as high blood pressure is a major risk factor for many different diseases including heart disease, stroke, and chronic kidney disease.
- Hypertensive Chronic Kidney Disease
- Hypertensive Heart Disease
- Hypertensive heart and chronic kidney disease

Combination Code Examples

Hypertension and Chronic Kidney Disease

Coding Tip

- Under ICD-10-CM, coders are instructed to assume a cause-and-effect relationship between hypertension and chronic kidney disease and code them together unless the rendering provider's documentation specifically states they aren't related.

❑ First go to the Alphabetical Index and look up main term

Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic) I10
- with
  - heart failure (congestive) I11.0
  - heart involvement (conditions in I50.- or I51.4-I51.7, I51.89, I51.9, due to hypertension) - see Hypertension , heart
  - kidney involvement - see Hypertension , kidney

Combination Code Examples

Hypertension and Chronic Kidney Disease

- kidney I12.9
  - with
    - heart disease - see Hypertension, cardiorenal
    - stage 1 through stage 4 chronic kidney disease I12.9
    - stage 5 chronic kidney disease (CKD) or end stage renal disease (ESRD) I12.0

Combination Code Examples

I12 Hypertensive chronic kidney disease

INCLUDES	any condition in N18 and N26 - due to hypertension (N18-N18.9, N26-N26.9,)
	arteriosclerosis of kidney
	arteriosclerotic nephritis (chronic) (interstitial)
	hypertensive nephropathy
	nephrosclerosis
EXCLUDES 1	hypertension due to kidney disease (I15.0, I15.1) (I15.0, I15.1)
	renovascular hypertension (I15.0) (I15.0)
	secondary hypertension (I15.-) (I15-I15.9)
EXCLUDES 2	acute kidney failure (N17.-) (N17-N17.9)
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, N18.6) (N18.5, N18.6)
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) (N18.1-N18.4, N18.9)

I12 Hypertensive chronic kidney disease

Requires a 4th character

No further description so we have to use I12.9

Combination Codes

Hypertension and Additional Chronic Conditions

- Let’s code!!
  - Diagnosis: High Blood Pressure, Chronic Kidney Disease Stage 5, on peritoneal dialysis
    - What do we know?
      - It looks like a combination code
      - The diagnoses HTN and CKD are together

Combination Code Examples

I12 Hypertensive chronic kidney disease

INCLUDES	any condition in N18 and N26 - due to hypertension (N18-N18.9, N26-N26.9,)	
	arteriosclerosis of kidney	
	arteriosclerotic nephritis (chronic) (interstitial)	
	hypertensive nephropathy	
	nephrosclerosis	
EXCLUDES 1	hypertension due to kidney disease (I15.0, I15.1) (I15.0, I15.1)	
	renovascular hypertension (I15.0) (I15.0)	
	secondary hypertension (I15.-) (I15-I15.9)	
EXCLUDES 2	acute kidney failure (N17.-) (N17-N17.9)	
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, N18.6) (N18.5, N18.6)	
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) (N18.1-N18.4, N18.9)	

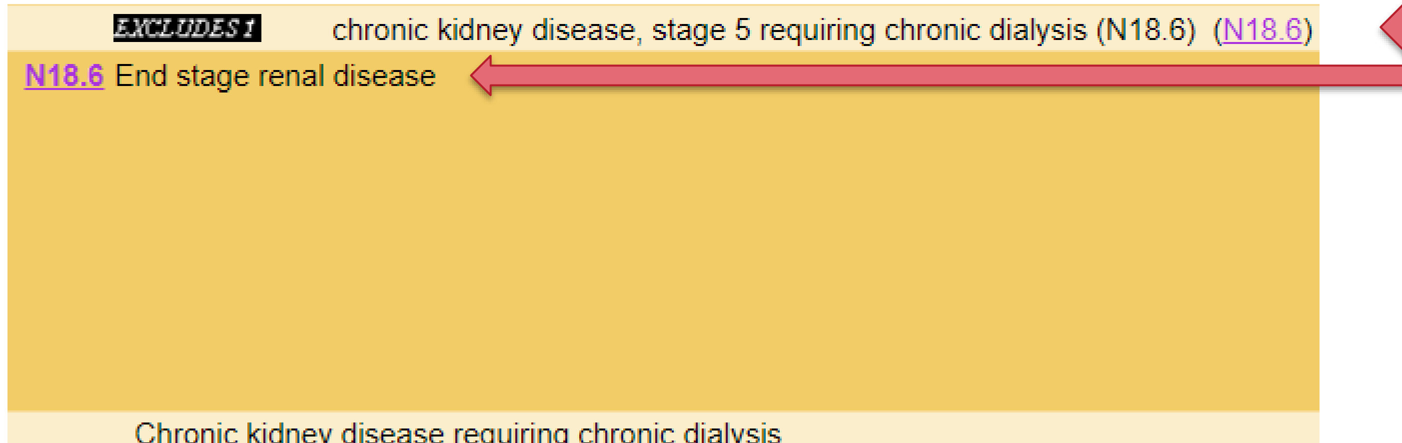
I12 Hypertensive chronic kidney disease

Requires a 4th character

Stage 5 peritoneal dialysis

Combination Code Examples

N18.5 Chronic kidney disease, stage 5


EXCLUDES 1 chronic kidney disease, stage 5 requiring chronic dialysis (N18.6) (N18.6)

N18.6 End stage renal disease

Chronic kidney disease requiring chronic dialysis

Use additional code to identify dialysis status (Z99.2) (Z99.2)

Combination Code Examples

Z99.2 Dependence on renal dialysis

Hemodialysis status

Peritoneal dialysis status

Presence of arteriovenous shunt for dialysis

Renal dialysis status NOS

EXCLUDES 1 encounter for fitting and adjustment of dialysis catheter (Z49.0-) (Z49.0-Z49.02)

EXCLUDES 2 noncompliance with renal dialysis (Z91.15-) (Z91.15-Z91.158)

Combination Codes

Hypertension and Additional Chronic Conditions

High Blood Pressure, Chronic Kidney Disease Stage 5, on peritoneal dialysis

- I12.0
- N18.6
- Z99.2

Combination Code Examples

✓4th I12 Hypertensive chronic kidney disease

INCLUDES	any condition in N18 and N26 - due to hypertension (N18-N18.9, N26-N26.9,)
	arteriosclerosis of kidney
	arteriosclerotic nephritis (chronic) (interstitial)
	hypertensive nephropathy
	nephrosclerosis
EXCLUDES 1	hypertension due to kidney disease (I15.0, I15.1) (I15.0, I15.1)
	renovascular hypertension (I15.0) (I15.0)
	secondary hypertension (I15.-) (I15-I15.9)
EXCLUDES 2	acute kidney failure (N17.-) (N17-N17.9)
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, N18.6) (N18.5, N18.6)
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) (N18.1-N18.4, N18.9)

Hypertension DUE to kidney disease. These are the I15 codes. There are times when a patient has hypertension that is caused by kidney disease but in order to code with the I15 codes, the provider has to explicitly say that the hypertension is due to or caused by the kidney disease. The hypertension is secondary. If that is not clearly documented then the coder assumes the hypertension is primary and can use the I12 linked codes.

Combination Codes Let's code!!

Hypertension and Additional Chronic Conditions

- 67-Year-Old Male presents to PCP for Annual Wellness Exam. There is MEAT in the documentation that supports the below diagnoses as active.

  - PMH/PL
  - Active Problems
    - Chronic Kidney Disease Stage 3
    - Hypertension
    - Diabetes Mellitus Type 2

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Combination Codes

Chronic Kidney Disease Stage 3

I12.9, N18.30

I12	Hypertensive chronic kidney disease	
INCLUDES	any condition in N18 and N26 - due to hypertension (N18-N18.9, N26-N26.9,)	
	arteriosclerosis of kidney	
	arteriosclerotic nephritis (chronic) (interstitial)	
	hypertensive nephropathy	
	nephrosclerosis	
EXCLUDES 1	hypertension due to kidney disease (I15.0, I15.1) (I15.0, I15.1)	
	renovascular hypertension (I15.0) (I15.0)	
	secondary hypertension (I15.-) (I15-I15.9)	
EXCLUDES 2	acute kidney failure (N17.-) (N17-N17.9)	
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, N18.6) (N18.5, N18.6)	
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) (N18.1-N18.4, N18.9)	

Combination Codes

Chronic Kidney Disease Stage 3

I12.9, N18.30

Diabetes with chronic kidney disease E11.22

Index

Search for Index code or term:

Diabetes, diabetic (mellitus) (sugar)

Refine Search:

Dextrotransposition, aorta Q20.3
d-glycericacidemia E72.59
Dhat syndrome F48.8
Dhobi itch B35.6
Di George's syndrome D82.1
Di Guglielmo's disease C94.0-
Diabetes, diabetic (mellitus) (sugar) 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

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Combination Codes

Chronic Kidney Disease Stage 3

I12.9, N18.30

Diabetes with chronic kidney disease E11.22

E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease

Use additional code to identify stage of chronic kidney disease (N18.1-N18.6) (N18.1-N18.6)

E11.29 Type 2 diabetes mellitus with other diabetic kidney complication

Type 2 diabetes mellitus with renal tubular degeneration

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Acute Conditions
Chronic Conditions
History Codes

Coding Tips: Acute / Chronic / History of

Acute

- Acute conditions are severe and sudden in onset. This could describe anything from a broken bone to an asthma attack

Chronic

- Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both

History of

- History of means the condition no longer exists.
- There are two types of history Z codes, personal and family.
- Personal history codes explain a patient’s past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require continued monitoring.

Coding Tips Acute / Chronic / History of

Acute v. Chronic v. History of

When you have both an acute and chronic condition code them both.

Code the acute (or subacute) condition first.

Then code the chronic condition.

Coding Tips Acute / Chronic / History of

Acute and Chronic Conditions: Examples

- DX: chronic tonsillitis with presentation of acute tonsillitis.
  - First look up both codes in the index
    - J03.90 Acute Tonsillitis, unspecified
    - J35.01 Chronic Tonsillitis
- Verify codes in the tabular list.
  - Use additional codes if applicable

Sequence
J03.90, J35.01

Acute and Chronic Conditions: Examples

Let’s code the information in this chart:

Acute renal failure superimposed on stage 3 chronic kidney disease (CMS/HCC) (HCC)
Baseline CR between 1.0 and 1.2 with a GFR between 40 to 50. Creatinine on admission 1.4 with a GFR 33. Elevated creatinine most likely due to poor p.o. intake. Plan: Avoid nephro toxic agents, renally dose medications, follow serially.

Coding Tips Acute / Chronic / History of

Acute and Chronic Conditions: Examples

Acute renal failure superimposed on stage 3 chronic kidney disease (CMS/HCC) (HCC)
Baseline CR between 1.0 and 1.2 with a GFR between 40 to 50. Creatinine on admission 1.4 with a GFR 33. Elevated creatinine most likely due to poor p.o. intake. Plan: Avoid nephro toxic agents, renally dose medications, follow serially.

Answer: N17.9 Acute kidney failure, unspecified
N18.32 Chronic kidney disease, stage 3

Rationale: Acute diagnosis is sequenced first. There is no additional information regarding the acute failure. It is unspecified.
The chronic kidney disease is noted as stage 3. Stage 3 CKD is defined by a GFR of 30-59.

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Myocardial Infarction

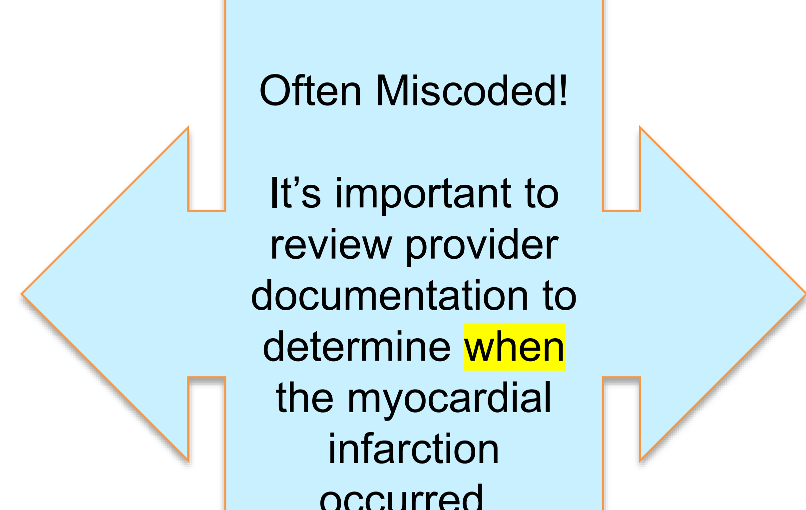
Acute MI
Subsequent MI
History of or Old MI

"Acute" vs. "History" MI

I21

Acute myocardial infarction

- Codes from category I21, Acute myocardial infarction, may continue to be reported for encounters occurring while the myocardial infarction **is equal to, or less than, four weeks old,** and the diagnosis meets the definition for reporting additional diagnoses.



I22

Subsequent MI

Acute MI occurring within 4 weeks (28 days) of a previous acute MI

“Acute” vs. “History” MI

Z48.812

Requiring further treatment after Day 28

After the four-week period, if the patient is continuing to need care or treatment related to the MI and any treatment performed during the initial 28 days use the Z48 codes, Encounter for other postprocedural aftercare. These codes are appropriate coding for a patient continuing to be treated for a myocardial infarction beyond the first 28 days.

It is inappropriate to continue to code an AMI as current after Day 28. It is also incorrect to code for the AMI as resolved or old if the patient is continuing to require care.

I25.2

Old MI

Healed or past MI

(> 28 days)

diagnosed by ECG or other investigation, currently presenting no symptoms.

"Acute" vs. "History" MI

ICD-10	Description	Coding Guidance	Example of when to use of codes in this category
I21.x	STEMI and NSTEMI (Acute)	MI specified as acute or with a stated duration of 4 weeks (28 days) or less from onset	Member hospitalized on 5/2/21 for Acute non-ST MI. Seen by PCP for a follow-up visit on 5/20/21.
I22.x	Subsequent MI	Acute MI occurring within 4 weeks (28 days) of a previous acute MI	Member experienced a subsequent non-ST elevation MI less than 3 weeks after the onset of the previous event.
I25.2	Old MI (Day 29)	Healed or past MI diagnosed by ECG or other investigation, currently presenting no symptoms.	Member had MI in 2007

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Sequela

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Coding Tips Sequelae

Sequela

- A sequela is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be used.

- The residual may be apparent early, such as in cerebral infarction or it may occur months or years later, such as that due to a previous injury.

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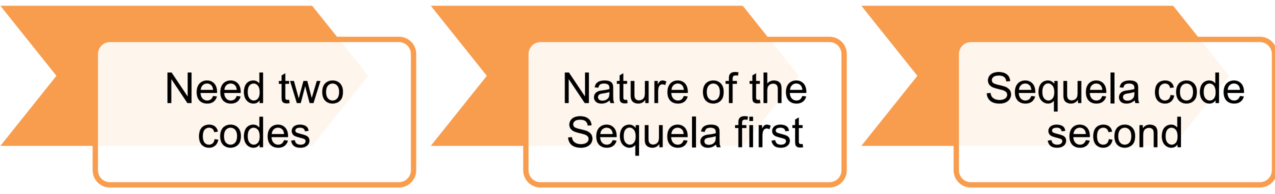
Coding Tips

Sequela

- Examples of sequela include:
  - scar formation resulting from a burn
  - deviated septum due to a nasal fracture
  - infertility due to tubal occlusion from old tuberculosis
  - Hemiparesis (one sided weakness) due to stroke

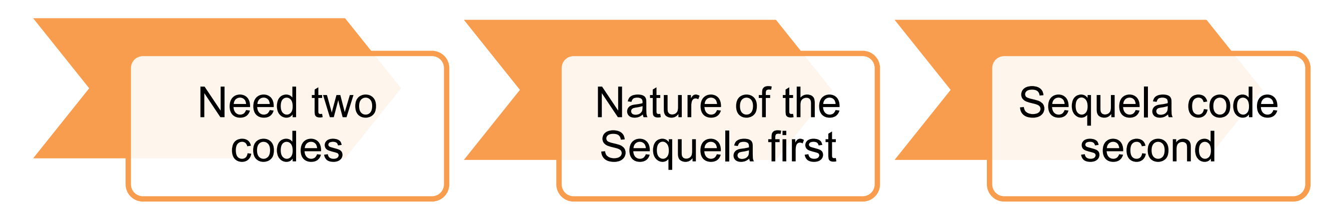


Coding Tips

Sequela: Let's Practice

- Pt. presents for follow up visit on January 10, 2023 for treatment for traumatic arthritis of L ankle following L ankle fx which occurred December 15, 2022.
- Condition code first (that's the sequela code): M12.572 Traumatic arthropathy, left ankle and foot.
- Second code the injury/condition code that caused the sequela. S82.892(other fracture of left lower leg). Use S (sequela) in the 7th character.

M12.572, S82.892S



Coding Cerebral Infarction

- Acute CI
- History of CI without Deficits
- History of CI with Sequela

Coding Tips: Acute / History of / Sequelae

I60-I63 Acute

- A commonly miscoded HCC is related to stroke. Errors seen include coding the stroke as current when it is not.
- In an outpatient setting, it is unlikely that a patient would be having a definitive stroke such that the provider can accurately document and code “stroke”.
- These conditions are diagnosed in the hospital after thorough examination and testing.

Z86.73 “History of” without residual deficits

- Code Z86.73 personal history of transient ischemic attack, and cerebral infarction without residual deficits when a patient NOT EXPERIENCING A CURRENT CVA and has no residual deficits.
- A patient experiencing no residual effects from a previous stroke should NEVER be assigned a current stroke code.

I69 Sequelae of cerebrovascular disease

- Patients with a *history* of stroke may present with residual deficits.
- On the outpatient side, this is what we would expect to see coded.
- I69 codes specify the type of stroke that caused the sequelae (late effect) as well as the residual condition itself.
- Codes from Category I69 also identify whether the dominant or non-dominant side is affected.

Coding Tips **I69 Sequelae of Cerebrovascular Disease**

Code	Description
I69.0x	Sequela of nontraumatic subarachnoid hemorrhage
I69.1x	Sequela of nontraumatic intracerebral hemorrhage
I69.2x	Sequela of nontraumatic intracranial hemorrhage
I69.3x	**Sequela of cerebral infarction (stroke due to occlusion or unspecified)**
I69.8x	Sequela of nontraumatic intracerebral hemorrhage
I69.9x	Sequela of nontraumatic intracerebral hemorrhage

Coding Tips

Notice the Difference

I69.3x

- Sequela from ischemic stroke. Usually coded in **outpatient** setting

I63.x

- Acute stroke happening now usually coded for **inpatient** hospital visit

Coding Tips I69.3xxx Sequelae of cerebrovascular infarction

NC

Documentation Considerations

- Document vessel affected:
  - Precerebral
  - Cerebral
  - Cerebellar

Code	Description
Stroke without Residual Deficits	
Z86.73	Personal history of CVA with no residual deficits
Sequela of Cerebral Infarction	
I69.30	Unspecified sequelae of CI
I69.310	Attention and concentration deficit following CI
I69.311	Memory deficit following CI
I69.312	Visuospatial deficit and spatial neglect following CI
I69.313	Psychomotor deficit following CI
I69.314	Frontal lobe and executive function deficit following CI
I69.315	Cognitive social or emotional deficit following CI
I69.318	Other symptoms and signs involving cognitive functions following CI
I69.319	Unspecified symptoms and signs involving cognitive functions following CI
I69.320	Aphasia following CI
I69.321	Dysphasia following CI
I69.322	Dysarthria following CI
I69.323	Fluency disorder following CI
I69.328	Other speech and language deficits following CI
I69.331	Monoplegia of upper limb following CI affecting right dominant side

Diagnosis Considerations

- Active stroke is only coded while in a hospital setting
- Code for residual effects when being seen for follow-up (hemiplegia, hemiparesis, aphasia, etc.)
- Code for "history of stroke" if patient has no residual effects from the stroke

Code	Description
I69.332	Monoplegia of upper limb following CI affecting left dominant side
I69.333	Monoplegia of upper limb following CI affecting non-dominant side
I69.334	Monoplegia of upper limb following CI affecting left non-dominant side
I69.339	Monoplegia of upper limb following CI affecting unspecified side
I69.341	Monoplegia of lower limb following CI affecting right dominant side
I69.342	Monoplegia of lower limb following CI affecting left dominant side
I69.343	Monoplegia of lower limb following CI affecting right non-dominant side
I69.344	Monoplegia of lower limb following CI affecting left non-dominant side
I69.349	Monoplegia of lower limb following CI affecting unspecified side
I69.351	Hemiplegia & hemiparesis following CI affecting right dominant side
I69.352	Hemiplegia & hemiparesis following CI affecting left dominant side
I69.353	Hemiplegia & hemiparesis following CI affecting right non-dominant side
I69.354	Hemiplegia & hemiparesis following CI affecting left non-dominant side
I69.359	Hemiplegia & hemiparesis following CI affecting unspecified side
I69.361	Other paralytic syndrome following CI affecting right dominant side

Coding Tips I69.3xxx Sequelae of cerebrovascular infarction

Additional Considerations

- Document patient's dominant side
- Document laterality of affected side (right or left)
- Provide clarification and details when symptoms are new and unrelated to history of stroke sequela

Code	Description
I69.362	Other paralytic syndrome following CI affecting left dominant side
I69.363	Other paralytic syndrome following CI affecting right non-dominant side
I69.364	Other paralytic syndrome following CI affecting left non-dominant side
I69.365	Other paralytic syndrome following CI, bilateral
I69.369	Other paralytic syndrome following CI affecting unspecified side
I69.390	Apraxia following CI
I69.391	Dysphagia following CI
I69.392	Facial weakness following CI
I69.393	Ataxia following CI
I69.398	Other sequelae of cerebral infarction

I69.0X = Sequelae of nontraumatic subarachnoid hemorrhage
I69.1X = Sequelae of nontraumatic intracerebral hemorrhage
I69.2X = Sequelae of other nontraumatic intracranial hemorrhage
I69.8X = Sequelae of other cerebrovascular diseases
I69.9X = Sequelae of unspecified cerebrovascular diseases

Coding Tips

This is a discharge summary for DOS 06/29/2021 – 07/07/2021

95 yr female with history of PSVT,hypothyroidism, Gilbert's disease, BPPV, diverticulosis, kidney stones (calcium oxalate), CKD stage III, lacunar infarct (2018), cerebral microvacular disease, bilateral leg weakness due to sacral DDD, recent cellulitic infection of face requiring antibiotics that has healed, vertigo, only takes synthroid. Patient experienced fairly sudden change in mental status while waiting in a truck without air conditioning while her caretaker was running some errands. Care taker/friend noticed acute changed and called EMS. On arrival was found to have temperature to be 103F. Also with reported facial droop. Presently has complaint of dizziness. Endorses history of vertigo for which she takes dramamine for on occasion and her current symptoms are unchanged from her chronic issues. No headache, blurred vision. States she, "feels better" as long as she, "lays still".

Reason for Visit

Reason	Comments
Heat Exposure	Patient arrives via EMS due to heat exposure. Per EMS patient was riding around in a truck all day without air condition. Patient became increasingly confused and weak. EMS reports temp of 103.9.

Lacunar infarction (*)–remote right caudate head 1/11/18 — 01/11/2018

Overview:
Formatting of this note might be different from the original.
Noted on head CT in ER 1/18, along with microvascular changes

Cerebral microvascular disease noted on head CT 1/11/18 — 01/11/2018

Overview:
Formatting of this note might be different from the original.
ER head CT no large territorial infarct, no hemorrhage, lacunar infarct right caudate, background microvascular change

Included in the problem list. Notice the date.

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Coding Tips

A/P

Acute alteration in the setting of heat syncope/overheating in a car without air conditioning and also possible from UTI. CT head negative for acute change. She was kept on ceftriaxone for UTI. Chest x-ray also concerning for possible pneumonia was kept on ceftriaxone, azithromycin abx. Patient completed treatment with antibiotics for 5 days. Echocardiogram showed hyperdynamic ejection fraction 70%, mild diastolic dysfunction. Patient received IV fluids initially. She reported chronic skin lesions on her face, upper extremity possible eczema?. Also has fungal infection of the skin received systolic fluconazole and also topical antifungal cream. Physical therapy followed the patient. After discussing with case manager, son-in-law Greg. Physical therapy patient was placed in nursing home.

Recommendations to physicians/followup needed:
-Follow up with primary care doctor in 1 week

CT HEAD: j
No acute intracranial hemorrhage.
No masses, mass effect, midline shift or hydrocephalus.
Chronic small vessel ischemic disease. Generalized brain atrophy.
Calvarium is intact.
Visualized orbits and globes are unremarkable without radiopaque foreign bodies.
Visualized paranasal sinuses are clear.
Visualized mastoid air cells are clear.

Physical Exam:
Vitals:
07/07/21 0759
BP: 141/79
Pulse: 67
Resp: 19
Temp: 97.8 °F (36.6 °C)
SpO2: 94%

Constitutional - elderly female sitting up comfortably in bed, thin. +whitish excoriated skin lesions present on face
Eyes - pupils equal round and reactive to light and accomodation
Nose - no gross deformity or drainage
Mouth - no oral lesions noted

CV - (+)S1S2, no murmurs, no peripheral edema, no JVD
Resp - CTA bilaterally, no wheezing or crackles; no clubbing, cyanosis
GI - (+)BS, soft, non-tender, non-distended
MSK- ROM normal
Skin - + improving erythema under breasts, erythema and irritation in groin
Neuro - alert, aware, oriented to person/place/time To year not to date
Psych - pleasant mood

Coding Tips

D/C summary

Admit date: 6/29/2021
Discharge date and time: 7/7/2021
Hospital LOS: 9
days

Active Hospital Problems
Diagnosis Date Noted POA
- Yeast dermatitis 06/29/2021 Yes
- Elevated TSH 06/29/2021 Yes
- Lacunar infarction (*)-remote right caudate head 1/11/18 01/11/2018 Yes
- BPV (benign positional vertigo) Yes
- Calcium oxalate crystals in urine 04/06/2015 Yes
- Gilberts disease Yes
- Stage 3b chronic kidney disease (*) 04/09/2012 Unknown
- PSVT (paroxysmal supraventricular tachycardia) (*) 11/01/2001 Yes

Resolved Hospital Problems
Diagnosis Date Noted Date Resolved POA
- *Heat syncope, initial encounter 06/29/2021 07/07/2021 Yes
- Acute cystitis with hematuria 06/29/2021 07/07/2021 Yes
- Elevated troponin level not due myocardial infarction 06/29/2021 07/07/2021 Yes
- Lactic acidosis 06/29/2021 07/07/2021 Yes
- Community acquired pneumonia of right middle lobe of lung 06/29/2021 07/07/2021 Yes

One of the codes submitted on claim:

- I63.81

Other cerebral infarction due to occlusion or stenosis of small artery, includes lacunar infarction

Is this a correct code?

No, why not?

“Acute” vs. “History” CVA

A guide to assist with accurate, complete documentation & coding that reflects the true nature of a patient’s current health status at the highest level of specificity. Per ICD-10 official guidelines for reporting and coding *“Personal history codes explain a patient’s past medical condition that no longer exists and is not receiving any treatment, but that has the potential for recurrence, and therefore may require continued monitoring. A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered.”*

Cerebral infarction (CVA) vs. Transient ischemic attack (TIA) vs. History of TIA or CVA

ICD-10	Description	Coding Guidance	Example of when to use of codes in this category
I63.x	Acute cerebral infarction (CVA)	Acute, current cerebrovascular infarction	Member transported via EMS to ED, admitted to hospital for stroke.
G45.9	Transient ischemic attack (TIA)		Member seen in ER for complaints of left sided weakness which occurred earlier that morning but has since resolved. After evaluation in ER was diagnosed as having had a TIA.
I69.x	Sequelae of Cerebrovascular Disease	Code the neurologic deficits that persist after initial onset of CVA (i.e., hemiplegia/paresis, monoplegia/paresis, dysphagia, etc.)	Member seen for follow-up visit, had CVA in 2016, which resulted in persistent right dominant side hemiparesis.
Z86.73	History of TIA or CVA , no residual deficits		Member seen for AWV. Previous CVA in 2017, doing well and doesn’t have late effects or residual, persisting deficits

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Coding Tips

Outpatient Visit Decision Tree

Stroke Diagnosis Present?

Yes

Do they have residual symptoms from the stroke?

Yes

No

Code I69.xxx

Code Z86.73

Outpatient Coding Guidelines

Uncertain Diagnoses

- Do not code diagnoses documented as "probable", "suspected," "questionable," "rule out," or "working diagnosis" or other similar terms indicating uncertainty.
- Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as symptoms, signs, abnormal test results, or other reason for the visit.

Chronic Diseases

- Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s).
- Code all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management.

Resolved and "History of" Conditions

- Do not code conditions that were previously treated and no longer exist. Update PL/PMH at least once a year.
- However, history codes (categories Z80-Z87) may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment.

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Helpful Links:

External Site to Register for Future Offerings:
2024 Risk Coding Webinars

External Site with Risk Coding Resources for Providers and Coders:
Previously Hosted Webinars & Coding Resources

Thank You

Link to share Feedback

References

- https://www.aapc.com/risk-adjustment/risk-adjustment.aspx#riskAdjustment
- https://www.cms.gov/CCIIO/Programs-and-Initiatives/Premium-Stabilization-Programs
- https://library.ahima.org/doc?oid=302516#.YumO43bML-g
- https://www.risehealth.org/insights-articles/the-3-fundamentals-of-risk-adjustment-success/
- https://www.outsourcestrategies.com/resources/identify-apply-icd-10-combination-codes/#:~:text=In%20ICD%2D10%2C%20the%20entire,I26.
- https://www.aapc.com/blog/83868-top-miscoded-hccs/