# RISK DIAGNOSIS FOR COMMON MEDICAL CONDITIONS IN FQHCS

Recorded July 17, 2021

2

"I want the insurance company to know just how sick this patient is."

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## Diagnosis codes tell the payer

3

- The reason for the service, that is, the medical necessity for the service
- The severity of the patient's conditions
- The acuity of your patient panel

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## What is risk adjustment

4

- A system developed by Medicare and private payers to estimate future health care costs for beneficiaries/subscribers
- Hierarchical Condition Categories (HCCs) is one model

Risk adjusted factor = RAF

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# How is it calculated?

5

Hierarchical Condition Categories
Demographics and Diagnoses

- Age/gender
- Living at home or in an institution
- Dual Medicare/Medicaid eligible
- Diagnosis risk adjustment based on inpatient and outpatient hospital claims, physician claims

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# ICD-10 Guidelines

6

Use the ICD-10-CM codes that describe the patient's diagnosis, symptom, complaint, condition or problem

Do not code suspected diagnoses in the outpatient setting.

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# ICD-10 Guidelines

7

Use the ICD-10-CM code that is chiefly responsible for the item or service provided

Assign code to the highest level of specificity

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# ICD-10 Guidelines

8

Code a chronic condition as often as treated

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# ICD-10 Guidelines

9

Code all documented conditions which coexist at the time of the visit that require or affect patient care or treatment. Do not code conditions which no longer exist.

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# Report annually

10

- Chronic conditions with manifestations or complications, and severity and stage

- Status codes and social determinants of health

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# HCCs

11

Diagnosis codes are sorted into diagnosis groups, which are sorted into condition categories and given a risk adjusted factor

- Related conditions are assigned in one category and only the most serious is counted
- Two conditions in the same group are only counted once
- A higher ranked condition causes lower ranked conditions in same category to be ignored (some exceptions to this rule)
- Unrelated conditions in different categories are both counted, score is additive

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# Risk adjusted coding rules

12

- Assignment of code is based on the provider's diagnostic statement
- Medical history alone may not be used as a source for diagnoses for risk adjustment purposes
  - Unacceptable documentation is a list of patient conditions
- A code can be assigned on the basis of the evaluation and clinical findings/treatment

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# Risk coding

13

- Code conditions every calendar year

Document:

Condition—status--plan

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# Conditions that affect patient care: the citation

14

*"Co-existing conditions include chronic, ongoing conditions such as diabetes, congestive heart failure, atrial fibrillation, chronic obstructive and pulmonary disease. These diseases are generally managed by ongoing medication and have the potential for acute exacerbations if not treated properly, particularly if the patient is experiencing other acute conditions. It is likely that these diagnoses would be part of a general overview of the patient's health when treating co-existing conditions for all but the most minor of medical encounters."*

CMS Risk Adjustment Technical Data, 6.4.1

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# Conditions that affect patient care: the translation

15

- Serious, significant ongoing conditions have the potential for exacerbation, particularly if the patient has an acute problem
- These conditions are "likely" addressed at annual exams, and when treating "for all but the most minor of medical encounters."

If so, document in the assessment

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# Treated or affects treatment

16

What do I select in the encounter?

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## Add to the assessment (and claim)

17

- Conditions evaluated and treated at the encounter
- Chronic conditions that affect treatment of an acute problem

Documenting a treatment plan shows evidence of the assessment and management or how condition affects treatment

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## AAFP recommendation

18

Report chronic conditions at preventive medicine and wellness visits ***or*** at the first visit of the year

Example: A/P

- Annual exam, encounter for vaccines, screenings ordered
- COPD, stable followed by pulmonary
- DM, stable on metformin, getting A1c today
- OA continue NSAIDS

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# Add diagnoses to encounter

19

- Report chronic conditions annually: slate is wiped clean
- For chronic conditions with a manifestation or complication, report if accurate; avoid unspecified codes for chronic conditions
- Add status codes—only a few risk adjust
- Add social determinants of health codes

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# Add conditions that affect care

20

- PCP considers patient’s kidney disease prior to changing hypertension medicine
- Urgent care provider selects treatment for poison sumac with intense itching after consideration of diabetes
- Patient migraines, consideration of asthma in selecting treatment

When you are treating an acute or chronic problem, but another condition affects that care

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# Disease interactions

21

When certain conditions occur together, the risk score increases

- Immune disorders and cancer
- CHF and diabetes
- CHF and COPD
- CHF and renal disorders
- CHF and specified heart disorders
- COPD and chronic renal failure
- Substance use disorder and psychiatric conditions

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# "With" ICD-10 citation

22

*"The word "with" or "in" should be interpreted to mean "associated with" or "due to" when it appears in a code title, the Alphabetic Index (either under a main term or subterm), or an instructional note in the Tabular List. The classification presumes a causal relationship between the two conditions linked by these terms in the Alphabetic Index or Tabular List. These conditions should be coded as related even in the absence of provider documentation explicitly linking them, unless the documentation clearly states the conditions are unrelated…"*

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# "With" ICD-10 translation

23

- If linked condition is in the index under the main term, the coder can assume a causal relationship

Diabetes, diabetic (mellitus) (sugar)

- type 2 E11.9
  - with
    - amyotrophy E11.44
    - arthropathy NEC E11.618
    - autonomic E11.43 (poly)
    - cataract E11.36
    - Charcot's joints E11.610
    - chronic kidney disease E11.22
    - circulatory complication NEC E11.59
    - complication E11.8
      - specified NEC E11.69
    - dermatitis E11.620
    - foot ulcer E11.621
    - gangrene E11.52

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# Diabetes HCC factors

24

Three HCC categories (other types of DM also risk adjust)

| | |
|---|---|
| Type 2 DM without complications | 0.105 |
| Type 2 DM with chronic complication | 0.302 |
| Type 2 DM with acute complication | 0.302 |

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# Diabetes

25

Assume a causal relationship when the condition includes "with" unless the practitioner states they are not related

- Patient with diabetes and CKD, use DM with CKD
- Patient with diabetes and peripheral neuropathy, use DM with neuropathy

If there is a complication, use that code, not E11.9, diabetes without complication

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26

| FOR diabetes (type 2) | USE | NOTES |
|---|---|---|
| **with hyperlipidemia** | E11.69 DM with other specified complication | Add code for hyperlipemia |
| **with nephropathy** | E11.21 DM with nephropathy | |
| **with cataract** | E11.36 DM with cataract | |
| **with neuropathy** | E11.40–E11.49 | |
| **with non-proliferative retinopathy** | E11.319 DM with non-proliferative retinopathy | |

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27

| FOR diabetes (type 2) | USE | NOTES |
|---|---|---|
| **with other circulatory conditions** | E11.59 DM with other circulatory conditions | Add code for specific complication, CAD |
| **with hyperglycemia** | E11.65 DM with hyperglycemia | |
| **with CKD** | E11.22 DM with CKD | Add code for stage of CKD |
| **with PAD/PVD** | E11.51 DM with PAD/PVD | |
| **with foot ulcer** | E11.621 DM with foot ulcer | Add code for location and stage of ulcer, L97.- |
| **with other skin ulcer** | E11.622 DM with other skin ulcer | Add code for location and stage of ulcer, L97.- |

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# BMI, overweight, obesity

28

**E66 Overweight and obesity**

- E66.01 Morbid (severe) obesity due to excess calories
- E66.09 Other obesity due to excess calories
- E66.1 Drug-induced morbid obesity
- E66.2 Morbid obesity with alveolar hypoventilation

Only the clinician can diagnose obesity and assign codes E66.01, E66.2

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# Morbid obesity: the citation

29

The Coding Clinic, Fourth Quarter 2019:

"***Question***: *When the BMI is below 40, but morbid obesity is documented by the anesthesiologist (no other documentation regarding the patient's obesity is recorded in the health record), is it appropriate to code morbid obesity, or is a query recommended?*

***Answer***: *Codes for overweight, obesity or morbid obesity are assigned based on the provider's documentation of these conditions."*

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# Morbid obesity: the translation

30

- For patients with BMI >35 whose co-morbid conditions put them at the same risk of developing obesity-related complicating conditions, clinician can document morbid obesity and select code E66.01

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# COPD

31

| Chronic obstructive pulmonary disease | 0.355 |
|---|---|

- Includes COPD, chronic bronchitis and emphysema
- Includes codes in categories:
  - J41 Simple and chronic bronchitis
  - J42 Unspecified chronic bronchitis
  - J43 Emphysema
  - J44 Other chronic obstructive pulmonary disease
  - J47 Bronchiectasis

In the HCC model, asthma doesn't risk adjust, but does in other models

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# Vascular disease

32

Three HCC categories

| Vascular disease | 0.288 |
|---|---|
| Vascular disease with complications | 0.383 |
| Atherosclerosis of the extremities with ulceration or gangrene | 1.488 |

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# Arrythmia

33

| Specified heart arrythmia | 0.268 |
| --- | --- |

Codes in this category

- I44.2 Atrioventricular block, complete
- I47.- Paroxysmal tachycardia
- I48.- Atrial fibrillation
- I49.5 Sick sinus syndrome

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# Anticoagulant treatment

34

| FOR | USE | NOTES |
| --- | --- | --- |
| Long term use of anti-coagulants | Z79.01 | Add underlying condition, if applicable: A-fib, sick sinus syndrome, recurrent DVT |
| Personal history of pulmonary embolism | Z86.711 | |
| Personal history of other venous thrombosis and embolism | Z86.718 | |

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# CKD

35

| Chronic kidney disease stage 3 | 0.069 |
| --- | --- |
| Chronic kidney disease stage 4 | 0.289 |
| Chronic kidney disease stage 5 | 0.289 |
| Dialysis status | 0.435 |

- N18.9 CKD unspecified does not risk adjust
- Use Z99.2 dependence on renal dialysis when applicable

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# CHF

36

| Congestive heart failure | 0.331 |
| --- | --- |

- When this condition occurs with diabetes, COPD and renal conditions, it increases the risk score
- ICD-10 assumes a causal link between hypertension and hypertensive chronic heart disease

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# Hypertension

37

- I10 hypertension does not have a risk adjustment score

Assume a causal relationship

- Assume a causal relationship between hypertension and heart involvement and hypertension and kidney involvement, unless the clinician states they are unrelated.

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# Hypertensive CKD

38

| | |
|---|---|
| I12.9 | Hypertensive chronic kidney disease, stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease. |
| I12.0 | Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease. |

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## Hypertensive heart and CKD w/o heart failure

39

| | |
|---|---|
| I13.10 | Hypertensive heart and chronic kidney disease without heart failure, stage **1** through stage 4 chronic kidney disease, or unspecified chronic kidney disease. |
| I13.11 | Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease or end stage renal disease. |

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## Hypertensive heart and CKD with heart failure

40

| | |
|---|---|
| I13.0 | Hypertensive heart and chronic kidney disease with heart failure, stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease. |
| I13.2 | Hypertensive heart and chronic kidney disease with heart failure, Stage 5 chronic kidney disease or end stage renal disease. |

Add additional code to identify type of heart failure

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# HIV/AIDS

41

| HIV/AIDS | 0.335 |
|---|---|

B20 Human immunodeficiency virus [HIV] disease

Z21 Asymptomatic human immunodeficiency virus [HIV] infection status

- A patient with a positive HIV status without symptoms is coded with Z21
- Use B20 when the patient has confirmed AIDS, has or has had an HIV related condition

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# Chronic hepatitis

42

| Chronic hepatitis | 0.147 |
|---|---|

Includes:

- Codes in category B18 chronic viral hepatitis
- And, K73 chronic persistent hepatitis, not elsewhere classified

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# Dementia

43

| Dementia with complications | 0.346 |
| --- | --- |
| Dementia without complications | 0.346 |

Includes:

- Codes in category G30, Alzheimer's disease
- F03, unspecified dementia

F01 Vascular dementia

- When using F01, also select the underlying physiological condition or after effects of cerebrovascular disease

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# Other neurological conditions

44

| Multiple sclerosis | 0.423 |
| --- | --- |
| Parkinson's and Huntington's disease | 0.606 |

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# Cardiovascular conditions

45

| | Code | HCC Category | HCC Weight |
|---|---|---|---|
| Angina pectoris, unspecified | I20.9 | 88 | 0.14 |
| Atrial fib and flutter | I48.xx | 96 | 0.268 |
| Ventricular fibrillation | I49.01 | 84 | 0.302 |
| Ventricular flutter | I49.02 | 84 | 0.302 |
| Sick sinus syndrome | I49.5 | 96 | 0.268 |
| Cardiomyopathy | I42.xx | 85 | 0.323 |
| Aortic aneurysm and dissection | I71.xx | 108 | 0.298 |
| Other venous embolism and thrombosis | I82.xx | 108 | 0.298 |
| Chronic pulmonary embolism | I27.82 | 107 | 0.4 |
| Other secondary pulmonary hypertension | I27.2 | 85 | 0.323 |

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# Sick Sinus Syndrome

46

*Question: How does one code SSS or other significant heart abnormality in the presence of a pacemaker?*

*Answer: It is appropriate to code the specific condition and the presence of the cardiac device.*

Coding Clinic, First Quarter, 2019, pp. 33-34

- Although the pacemaker is controlling the heart rate, it doesn't cure the underlying condition being monitored and assessed
- Z95.0 presence of a cardiac pacemaker

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## Social determinants of health

47

- CDC defines SDoH as "economic and social conditions that influence the health of people and communities."
- Not considered risk factors for a specific disease or injury but affects patient's health and health outcomes
- Doesn't include patient behaviors, such as smoking or drinking

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## Why bother?

48

ICD-10 codes Z55—Z65 "persons with potential health hazards related to socioeconomic and psychosocial circumstances"

- Adding SDoH codes doesn't change payment for an individual claim
- Communicates to the payer social conditions that affect outcomes and costs
- Tells the story about the population of patients you see

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## Occupational exposure risk factors

49

Includes:

- Z57.31 Occupational exposure to environmental tobacco smoke
- Z57.4 Occupational exposure toxic agents in agriculture
- And, exposure to noise, radiation, dust, extreme temperature, vibration

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## Housing and economic circumstances

50

Includes:

- Z59.0 Homelessness
- Z59.1 Inadequate house
- Z59.4 Lack of adequate food and safe drinking water
- Z59.5 Extreme poverty
- Z59.6 Low income
- Z59.7 Insufficient social insurance and welfare support

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## Medication underdosing

51

- Z91.120 Patient's intentional underdosing of medication due to financial hardship
- Z91.128 Patient's intentional underdosing of medication for other reason

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## Bipolar disorder

52

Category F31

- All codes in this category risk adjust
- Defines codes based on current episode (manic, depressed, with/without psychosis)
- Includes codes for in remission
- Code F31.9 Bipolar disorder, unspecified can be used when the clinician can't make a more specific diagnosis

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## F32 MDD single episode

53

- Use for a single episode of major depressive disorder in a lifetime
- Episode lasts a minimum of 2 weeks, with persistent symptoms throughout the day
- Three codes in category F32 do not have a risk adjustment factor

F32.81 premenstrual dysphoric disorder

F32.89 other specified depressive episodes

F32.9 major depressive disorder, single episode, unspecified

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## F32 MDD single episode

54

F32.0 Major depressive disorder, single episode, mild

F32.1 Major depressive disorder, single episode, moderate

F32.2 Major depressive disorder, single episode, severe without psychotic features

F32.3 Major depressive disorder, single episode, severe with psychotic features

F32.4 Major depressive disorder, single episode, in partial remission

F32.5 Major depressive disorder, single episode, in full remission

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# F33 MDD, recurrent

55

- Repeated episodes of depression without history of mood elevation, mania or increased energy
- At least one previous episode lasting two weeks, and separated from current episode by at least two months
- Includes codes for mild, moderate and severe, with or without psychotic symptoms
- Includes codes for in partial or full remission
- All codes in category F33 risk adjust

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# Depression–example

56

Patient with a long history of depression, on medication. Presents with a moderate exacerbation. Meets criteria for MDD.

Codes F32.81, F32.89 and F32.9 are not assigned an HCC weight. All codes in category F33, major depressive disorder, recurrent do risk adjust.

| | Code | HCC Category | HCC Weight |
|---|---|---|---|
| Major depressive disorder, single episode, unspecified | F32.9 | 0 | 0 |
| Major depressive disorder, recurrent, moderate | F33.1 | 59 | 0.309 |

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## Schizophrenia

57

- All codes in category F20 schizophrenia have a risk score

Also in this category

- F25 schizoaffective disorders

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## Substance use disorders

58

- In remission replaced "personal history of substance dependence"

***In Remission*** *Selection of codes for "in remission" for categories F10-F19, Mental and behavioral disorders due to psychoactive substance use (categories F10-F19 with -.21) requires the provider's clinical judgment.*

Examples:

F10.11 alcohol abuse in remission

F10.21 alcohol dependence in remission

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# Hierarchy

59

*When the provider documentation refers to use, abuse and dependence of the same substance (e.g. alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:*

USE → ABUSE → DEPENDENCE

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# Prescription pain management

60

*Question: Medical record documentation indicates that the patient is taking opioids prescribed by the physician for treatment of chronic pain. Does Guideline I.C.5.b.3. mean that codes cannot be assigned for the opioid use unless there is documentation of an associated physical, mental or behavioral disorder?*

*Answer: A code for the use of prescription opiates would not be used because there is no associated physical, mental or behavioral disorder."*

AHA Coding Clinic 2018 2nd Quarter, pages 11 and 12

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# Prescription pain management

61

According to the Coding Clinic, 2018, 2nd quarter, only assign opioid use/abuse/dependence for patients taking prescription drug management when there is "associated physical, mental or behavioral disorder."

- Z79.891 Long term (current) use of opiate analgesic

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# Prescription pain management

62

- Document dependence
- Document associated symptoms such as sleep problems, sexual dysfunction, constipation, anxiety, depression, cravings
- Tolerance and withdrawal are not considered symptoms if taking as prescribed

If patient does not have associated physical, mental or behavioral disorder do not use a substance abuse code.

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# Compliance—history of

63

| | Do not use | Use |
|---|---|---|
| Patient seen in office, follow up for stroke | I63 | I69 Sequelae of stroke or Z86.73 personal history of TIA and cerebral infarction without residual deficits |
| Patient seen in office, follow up TIA | G45 | Z86.73 personal history of TIA and cerebral infarction without residual deficits |
| Patient seen for "history of" cancer, no treatment or evidence of disease | Neoplasm | Z85 personal history of malignant neoplasm |
| Patient seen > 28 days after MI | I21, I22 | I25.2 Old MI, and cardiac conditions CAD/ischemic heart disease |

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# Follow up for stroke

64

- Search in your EHR and I63.– codes are the first in line: however, these are for use during an acute stroke
- For follow up, use either sequela of stroke from I69.- or Z86.73 personal history of TIA and cerebral infarction without residual side effects
- Use Z86.73 for a patient who presents in follow up after a TIA

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## Malignant neoplasms

65

- Use a code for malignant neoplasm if the patient has evidence of the disease, or is receiving treatment
- If neither of those are present, use personal history of malignant neoplasm from code Z85.-
- Leukemia and lymphoma patients in remission should still be coded with active disease

Example: C91.11 CLL of B-cell type in remission

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## Follow up for myocardial infarction

66

- Use acute MI when the MI for the 28 day period from the date of the event
- After that time period, use codes from category I25, ischemic heart disease
- I25.2 Old MI
- I25.–also includes codes for athersclerosis

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# Status codes that risk adjust: start with the letter Z

67

- HIV Status
- Ostomy status, encounter for or status of artificial opening, artificial leg
- BMI ≥ 40
- Long term use of insulin
- Acquired absence of toe, foot

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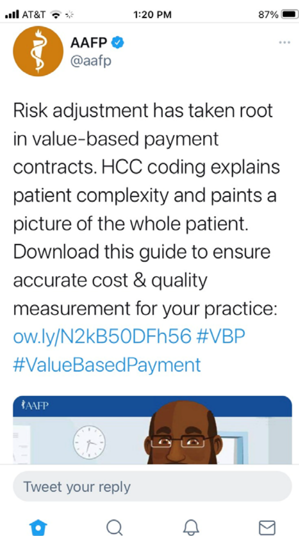
68

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## Status codes that risk adjust: start with the letter Z

69

- Aftercare for/or status of heart, lung or liver status, or bone marrow transplant
- Renal dialysis status
- Dependence on ventilator status

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## Focal weakness

70

- Quadriplegia G82.50
- Paraplegia G82.20
- Monoplegia and hemiplegia that are late effects of stroke I69.-

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# Focus on chronic conditions

71

- We want all codes to be specific but focus on conditions in problem list that are chronic, long standing, and have codes that describe manifestations and complications, or are defined by severity or stage
- Add additional diagnoses to describe ”with” conditions “with CKD”

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# Follow ICD-10 guidelines

72

- Code all documented conditions, which coexist at the time of the visit that require or affect patient care or treatment. (Do not code conditions which no longer exist.)
- If a chronic disease has a code with a manifestation or complication “with ulcer” “with spasm” and it describes the patient’s condition, use it.
- Report annually, even status codes that didn’t change.

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# Thank you

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