Risk Adjustment Documentation & Coding

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CHAPTER 4

Clinical Documentation Integrity and Coding

PART 3: TOPICS N–P

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Narcolepsy and Cataplexy: A&P and Coding

- **Narcolepsy:** Chronic, neurological sleep-wake disorder.
- **Cataplexy:** Sudden weakness or collapse in narcolepsy.
  - May cause hallucinations, chronic fatigue
  - Life-altering disorder
  - May be primary or secondary to underlying condition (TBI, MS)
- If only cataplexy is documented, report narcolepsy with cataplexy. Cataplexy cannot occur without narcolepsy.

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Neoplasms: A&P

- **Malignant neoplasm:** Uncontrolled growth and invasion of abnormal cells to adjacent structures or distant sites.
  - Primary malignancy: Original, localized site of cancer, identified by site and by type.
  - Secondary malignancy: Growth at a new site of cancer that has seeded itself elsewhere; “invasion,” “extension,” “metastasis.”
    - Documentation should note where the cancer is from and where it is to (eg, Secondary LUNG cancer metastasizing from the BREAST [primary]).
- Malignant neoplasms, except some skin cancers, risk-adjust.

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Neoplasms: A&P
(continued)

- **In situ:** Cells undergoing malignant changes but still confined to original location and not invasive to surrounding tissue.
  - For example, “intraductal,” intraepithelial,” “noninfiltrating,” “noninvasive,” “preinvasive.”
  - Some neurological in situ neoplasms codes risk-adjust.
- **Benign:** A growth that is not invasive and does not metastasize.
  - Brain, spinal cord, nervous system, and some glandular benign neoplasm codes risk-adjust.

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Neoplasms: A&P
(continued)

- **Uncertain behavior:** The microscopic anatomy of the neoplasm, upon examination, cannot be classified or predicted.
  - Some nervous system codes risk-adjust.
- **Unspecified:** The physician does not know the nature of the neoplasm, or did not document the nature of the neoplasm.
  - An unspecified neoplasm of the brain risk-adjusts.

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Neoplasms: A&P
(continued)

- **Liquid tumors:** Originate in the lymphatic system or bone marrow.
  - Identified by morphology and location

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Neoplasms: Coding

- What is the nature of the neoplasm?
- What is the site and laterality of the neoplasm?
- Start in the Index with the language in documentation.
- Use the Table of Neoplasms to locate the code.
- Verify the code in the Tabular Section.
- **Let's review some of the Guidelines associated with neoplasms, beginning in our ICD-10-CM codebooks at Section I(C.2).**

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Neuralgia: A&P

- **Postherpetic neuralgia:** Persistent pain after shingles (herpes zoster infection).
- **Trigeminal neuralgia:** Pain in facial structures enervated by the fifth cranial nerve.

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Neuralgia: Coding

TABLE 4-3.2 PHN AND TN CODES

CODE	DESCRIPTION
B02.21	Postherpetic geniculate ganglionitis
B02.22	Postherpetic trigeminal neuralgia
B02.23	Postherpetic polyneuropathy
B02.29	Other postherpetic nervous system involvement
G50.0	Trigeminal neuralgia
G50.1	Atypical facial pain
G50.8	Other disorders of trigeminal nerve
G50.9	Disorder of trigeminal nerve, unspecified

TABLE 4-3.3 PHN Codes and Sites

CODE	DESCRIPTION	SITE
B02.21	Postherpetic geniculate ganglionitis	PHN where the motor and sensory nerve mains meet in the facial nerve, causing severe ear pain and vertigo.
B02.22	Postherpetic trigeminal neuralgia	PHN anywhere else along the trigeminal nerve.
B02.23	Postherpetic polyneuropathy	PHN that affects nerves that were not part of the original zoster infection site.
B02.29	Other postherpetic nervous system involvement	PHN along the dermatome that was affected by the original zoster infection (PHN radiculopathy).

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Obesity: A&P

- **Obesity:** Too much body fat.
  - Contributing factor to heart disease, sleep apnea, joint disease, diabetes, stroke, hypertension, and some cancers.
- **Morbid obesity:** BMI of 40 or greater.
  - Some payers accept a BMI of 35 with comorbidities related to obesity.
  - Some classifications refer to morbid obesity as “Class 3” obesity.

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Obesity: Coding

- “Abdominal obesity” is not reported with obesity codes.
- Do not report a BMI code without a weight-related diagnosis.
- When the BMI and the documented diagnosis do not match, query the physician. If the physician is not available for query, code the conflicting information.

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Ophthalmic Disorders: A&P

- Age-related macular degeneration (AMD) and diabetic retinopathy are common causes of vision loss in people 50 years and older.
- Primary open-angle glaucoma can be treated with eyedrops and affects approximately 2.2 million Americans.
    - OD: Oculus dexter, right eye
    - OS: Oculus sinister, left eye
    - OU: Oculus uterque, both eyes

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Ophthalmic Disorders: Coding

- Proper coding of retinopathy, macular degeneration, and glaucoma is dependent on thorough documentation by the physician.
- These disorders require a lot of detail.
  - Luckily, most ophthalmologists are detail-oriented!
- **Code the following:**

  Type 1 diabetic patient is examined by the ophthalmologist and is found to have resolved macular edema OS, mild retinopathy with macular edema OD, and new-onset cataract OU.

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Osteomyelitis: A&P

- Infection, inflammation, necrosis in bone
  - Causes: Injury, diabetes, presence of prosthesis, arthritis, immunocompromised state, compromised circulation
- Direct infection
  - Through skin overlying bone (eg, traumatic injury)
- Indirect infection
  - Pathogens enter joint through bloodstream

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Osteomyelitis: Coding

- For causal links, report infectious agent, comorbidities, or etiology.
- Assume a causal relationship with diabetes.
- Infections at the site of a prosthetic joint are coded differently; see Complication/joint prosthesis/infection or inflammation in the Index.
- Code also any major osseous defect.
- **Code this:**

  Diabetes with acute hematogenous osteomyelitis of the left tibia due to enterococcal infection

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Osteoporosis, Pathological Fractures: A&P

- **Osteoporosis:** The reduction in bone mineral density, weakening bones
  - Causes fractures or compression
  - Significant cause of hip fractures in the elderly
  - Medication can mitigate effects
- **Pathological fracture: fracture due to disease rather than injury**
  - May be due to osteoporosis, neoplastic disease, overuse, or other bone-weakening conditions (eg, Paget's disease, osteomalacia, bone cysts)
  - "Collapsed vertebra" is considered pathological
- **"Wedge" fracture:** A vertebral compression fracture that is a pathological or traumatic fracture.

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Osteoporosis, Pathological Fractures: Coding

- Osteoporosis is a systemic disease. Codes in category M80, *Osteoporosis with current pathological fracture,* are specific to the site of the fracture.
- **What should coders do when there is no link between a patient's diagnosis of osteoporosis and a fracture that is described as occurring without trauma?**
- Be careful in choosing seventh characters that describe the episode of care with these fractures, because only the initial episode of care risk-adjusts for pathological fractures.

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Pancreatic Disorders: A&P and Coding

- Pancreas
  - Endocrine: Producing insulin and glucagon
  - Exocrine: Excreting digestive enzymes
- Pancreatitis
  - Acute: With gallstones, alcohol abuse
  - Chronic: With alcoholism, hyperlipidemia, cystic fibrosis, autoimmune disease
  - **How would you code acute on chronic pancreatitis?**

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Paralysis: A&P

- Causes: Spinal cord defect, brain defect, peripheral nerve defect
  - **Hemiplegia/hemiparesis:** Unilateral (right or left)
  - **Monoplegia:** One extremity (leg or arm)
  - **Paraplegia:** Bilateral paralysis (almost always lower extremity)
  - **Quadriplegia**: All four extremities
- Functional quadriplegia
  - Caused by extreme debility, not a spinal nerve defect
  - **Can you think of conditions that might cause functional quadriplegia?**

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Paralysis: Coding

- Do not report codes from category G82, *Paraplegia (paraparesis) and quadriplegia (quadriparesis),* if the injury is stroke-related. Instead, report codes from category I69, *Sequelae of cerebrovascular disease*.
- “Weakness” that is linked to a cerebrovascular event in documentation is reported with a code for paresis from category I69.
- For hemiparesis or monoparesis, assume the right side is dominant if dominance is not documented.

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Parkinson's and Huntington's Diseases: A&P

- Progressive destruction of brain cells
  - Huntington's disease is genetic, and patients often are tested and known to be positive years before symptoms develop.
  - Parkinson's disease causes tremors in extremities and stiffness in limbs. About 20% of Parkinson's patients develop dementia (Lewy body dementia).
  - Approximately 30,000 patients in the United States have Huntington's; 1 million have Parkinson's.
- **What are some comorbidities you might see with patients with either of these neurological disorders?**

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Parkinson's and Huntington's Diseases: Coding

- There is only one code for Huntington's disease.
- Parkinson's may be primary or secondary.
  - Secondary determined by cause
- Neither condition is reversible.
- **How will you handle coding these conditions when they appear in a patient's past medical history only?**

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Pemphigus: A&P and Coding

- Pemphigus is a chronic autoimmune disease causing skin blisters.
  - Fluid loss when blisters rupture
  - Risk of infection
- Pemphigus and pemphigoid are non synonymous. Use the Index!
- Document all functional disorders that result from pemphigus (eg, dysphagia from esophageal lesions or cellulitis, sepsis, or dehydration).

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Pulmonary Disorders (Acute): A&P

- Pneumonia, empyema, lung abscess
  - Kills more than 50,000 people in the United States each year.
- Risk adjustment
  - Unspecified pneumonia does not risk-adjust, and there are two tiers of risk-adjusting varieties of pneumonia, one paying more than double what the other pays.
  - Look for the details.
- **Why might there be such variety in risk-adjustment payment for pneumonia?**

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Pulmonary Disorders (Acute): Coding

- Use the Index for pneumonia to ensure you select the correct code.
- A patient on a ventilator may develop pneumonia that is not ventilator-associated pneumonia. Look for causal language in the documentation and don’t make assumptions.
- It is unacceptable to use a lab note to abstract a specific infective agent for pneumonia. The physician must make a note in the documentation.
- Aspiration pneumonia may be accompanied by infection, but ICD-10-CM requires coders to abstract the aspiration pneumonia by the external agent aspirated.
- Report hemoptysis (blood in spittle) in addition to pneumonia when it occurs.
- Report only pneumonia in a patient with pneumonia and bronchitis.

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Pulmonary Disorders (Chronic): A&P

- Chronic obstructive pulmonary disease (COPD)
  - Chronic, meaning lifelong and usually progressive
  - Obstructive, meaning airways are blocked
  - Pulmonary disease, meaning chronic obstructive bronchitis and emphysema
- Asthma
  - Similar to COPD, but not necessarily progressive
  - Usually in reaction to an intrinsic or extrinsic force

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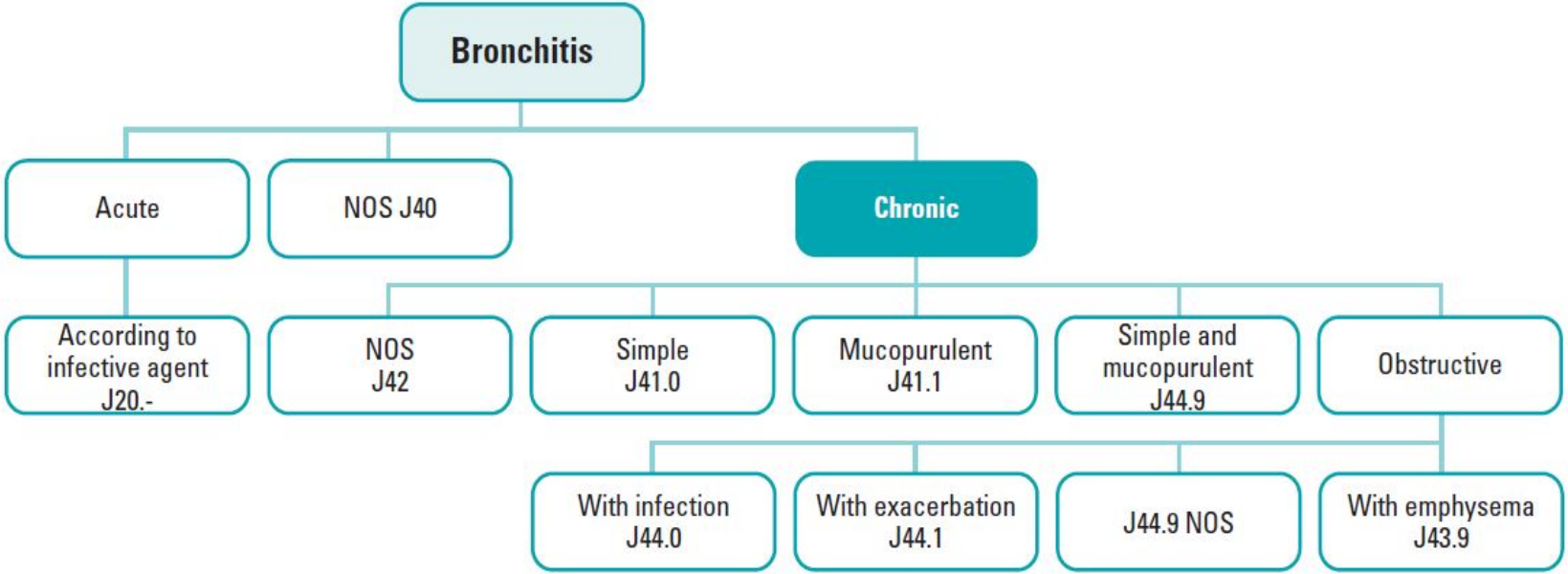
Pulmonary Disorders (Chronic): Coding

FIGURE 4-3.1 Chronic Forms of Bronchitis



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