# *Risk Adjustment Documentation & Coding*


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CHAPTER 4

# Clinical Documentation Integrity and Coding

## PART 2: TOPICS D–M

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# Dementia: A&P

- A degenerative cognitive disorder; not reversible
  - Alzheimer’s disease is the most common type (60%)
  - Vascular dementia: Atherosclerotic cerebral vessels
  - Lewy body disease: Associated with Parkinson’s, includes hallucinations
  - Frontotemporal dementia: Disinhibition
  - Associated with epilepsy, TBI, alcoholism, MS, diabetes


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# Dementia: Coding

- Dementia is inherent in Alzheimer's, Picks, and Lewy body disease.
- Report code F02.8- even if dementia is not documented, according to Index conventions.
  - **What is meant by "Index conventions?"**
- Report all manifestations associated with the dementia.
  - **What are some manifestations that may occur with dementia?**


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# Diabetes Mellitus: A&P

- Diabetes mellitus (DM) is a metabolic disorder affecting the uptake of sugars, fats, and proteins.
- Includes very distinct forms of diabetes:
  - Type 1: Autoimmune, usually begins in childhood, must have insulin injections to survive. 5% of DM patients.
  - Type 2: Production or distribution of insulin is hampered, usually occurs in adults or sometimes overweight children. Treatment may be diet, pills, or insulin. 90% of DM patients.
  - Secondary: Caused by drugs, pancreatectomy, or disease.
  - **What about diabetes insipidus?**


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# Diabetes Mellitus: Coding

- Remember the “with” guideline!
- Make a note in your codebook as to the conditions that fall into “autonomic” neuropathy.
- Code each diabetic complication. Sometimes there will be a half-dozen diabetes codes!
- For “other specified” or “NEC,” the physician must link the diabetes to the manifestation in documentation, and the manifestation must be identified with a second code.


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# Diabetes Mellitus: Coding *(continued)*

- **Code the following:**
  - **Diabetic gastroparesis**
  - **Type 1 diabetes with persistent microalbuminuria**
  - **DKA with coma**


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# Drug/Alcohol Use Disorders: A&P

- Dependence brings changes to the brain.
  - That's why "in remission" codes exist. The brain changes still are present in the patient who is no longer using tobacco, alcohol, or drugs.
- Susceptibility to dependence is based on genetics, environment, and age at beginning of use.
- Documented treatment may be seen inpatient or outpatient, by behavioral health specialists, primary care physicians, or other specialties.
  - Any provider may be evaluating or treating the patient for these conditions.


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# Drug/Alcohol Use Disorders: Coding

- *Use* may lead to *abuse* may lead to *dependence*. Report only the highest level.
- Never report recreational use when it is not tied to a clinical condition by the physician.
  - **Can you think of examples when clinical use would be a medical issue?**
- Report methadone maintenance with code F11.20, *Opioid dependence, uncomplicated.*
- Check out the “with” rule for drug and alcohol dependence and abuse in the Index.


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# Esophageal Reflux: A&P and Coding

- The lower esophageal sphincter (LES) holds food in the stomach.
  - The LES prevents backflow or “reflux.”
- Backflow is called heartburn; when chronic, it is called gastroesophageal reflux disease (GERD).
  - Easily treated with dietary changes, oral medications, and elevating the head of the bed, though some people require surgery.
  - Obesity and smoking exacerbate GERD.
  - Can lead to ulcers in the esophagus; long term it can lead to physical changes called Barrett’s esophagus or dysplasia/malignancy.
    - Report Barrett’s esophagus and GERD when both are documented.


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# Heart Arrhythmias: A&P

- Electrical conduction is responsible for the heart beat; electrical shocks cause the heart to contract and pump blood.
- Arrhythmias occur when the electrical conduction system has flaws or other systemic or cardiac issues.
- Atrial fibrillation is a common arrhythmia, occurring when the upper chambers of the heart don’t do the “heavy lifting.”
    - The biggest risk is the development of clots.
- Ventricular fibrillation occurs in the major chambers of the heart and is a medical emergency.
    - Circulation is compromised by the ineffectual pumping of blood.


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# Heart Arrhythmias: Coding

- When arrhythmia is resolved with pacemaker, report pacemaker status, not arrhythmia, unless arrhythmia is also being treated with a medication
- Heart blocks describe interruptions in electrical conduction. Use the Index to find the correct code
  - Third-degree heart block may be called:
    - Complete heart block
    - AV dissociation
    - AV block III or 3
  - **A patient with sick sinus syndrome corrected last year with a pacemaker is here for a check-up. How is this coded?**


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# HIV and Opportunistic Infections: A&P

- Human immunodeficiency virus (HIV) attacks the immune system.
  - There is no cure, but it is manageable with medications if treatment starts early.
- Patient has HIV-positive status until the first opportunistic infection; thereafter, the patient has HIV disease, according to ICD-10-CM. (In California, only HIV disease is recognized.)
  - There is a BIG difference between HIV-positive status and HIV disease status (AIDS).
- Some infants born of HIV positive mothers shed the virus entirely in their first months of life; the infant's HIV status won't be known for several months.


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# HIV and Opportunistic Infections: Coding

- Read carefully to determine if an infection is due to HIV, or due to some other problem, eg, a reaction to a medication or food poisoning.
- HIV is always going to affect care of the patient and should be reported.
- **Turn to the ICD-10-CM Guidelines to read more about HIV coding.**


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# Hyperlipidemia: A&P and Coding

- Elevated level of fats (lipids) (cholesterol) in the bloodstream.
  - Puts patient at risk for atherosclerosis and CAD.
  - Hyperlipidemia is a mixture of too much low-density lipoproteins (LDL) and triglycerides and not enough high-density lipoproteins (HDL) in the composition of the blood. HDL is “good” lipoproteins; the other two are “bad.”
- Follow the language documented and review the inclusion terms at the code level.
- **What is the code for high cholesterol? For hyperlipidemia?**


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# Hypertension: A&P

- High arterial pressure due to high blood volume or narrow vessels.
  - Think of a garden hose with too much water or too small a circumference.
  - Salt increases water retention and therefore, blood pressure.
  - Atherosclerosis or other stenosis of arteries increases pressure within narrowed vessels.
- Normal pressure is 120/80 or less.
  - The top number reflects the arterial pressure during the heart's contraction (diastole).
  - The bottom number reflects the arterial pressure during the heart's fill period (systole) and will always be lower.
- **Hypertension is considered a causal agent in what disorders?**


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# Hypertension: Coding

- Causal relationships between heart conditions and hypertension exist for all heart failure (I50.-) diagnoses, and also for:
  - Myocarditis NOS, myocardial degeneration, cardiomegaly, Takotsubo syndrome, heart disease NOS, other ill-defined heart diseases
- Acute kidney failure and unspecified kidney failure do not have a causal relationship with hypertension.
- **What is the difference between hypertension and elevated blood pressure?**


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# Intestinal Disorders: A&P

- The alimentary canal goes from mouth to anus, and is mostly of the same epithelial tissue, with some valves along the way to keep things moving in the right direction.
- The liver, gallbladder, and pancreas are considered intestinal organs and have ducts through which digestive enzymes and bile are delivered to the digestive tract.
    - The high fat and salt content of bile can lead to the formation of stones in the gallbladder, pancreas, or liver.
- The biggest problems in the digestive tract are obstruction, because nutrients and waste must move along, and perforation, because entry of these nonsterile nutrients into the sterile peritoneum is dangerous.


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# Intestinal Disorders: Coding

- Crohn's disease and ulcerative colitis are chronic conditions that may go into remission, but remain present in patients diagnosed with these disorders.
- Irritable bowel syndrome and irritable bowel disease are distinctly different disorders. "Irritable bowel" without further documentation should be reported as irritable bowel *syndrome,* which does not risk-adjust. Irritable bowel *disease* does risk-adjust.
- **When can we link melena or hematochezia to a code for a GI disorder "with hemorrhage" absent a physician's link?**


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# Ischemic Heart Disease: A&P

- Blood supply to the heart muscle is reduced by narrowed arteries (atherosclerosis) or by a blood clot.
- Angina is pain in the heart muscle caused by a lack of enough oxygen.
- Myocardial infarct (MI) is the death of the heart muscle as a result of an acute ischemic event.
- The impact of an MI depends on the part of the heart that is damaged.
- **What is the most important part of the heart, where most of the work is done?**


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# Ischemic Heart Disease: Coding

- Pay attention to timing. An MI is acute for the first 28 days.
  - Coding of a subsequent MI depends on how much time has passed.
- The type and site of the MI leads to the coding.
- **Turn to code I21 in your ICD-10-CM codebook to review the codes.**


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# Liver Disease: A&P

- Chronic liver disease mainly due to hepatitis C or alcohol use.
  - Obesity is also a factor.
- Hepatitis C is now cured with oral medications.
  - It is a blood-borne disease transmitted by sexual contact or syringes.
- **Where are the hepatitis codes found in the ICD-10-CM code set?**


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# Liver Disease: Coding

- End-stage liver disease is reported with codes for liver failure.
- A second code for the patient's alcohol status (eg, in remission, use, abuse, dependence) is necessary when reporting alcoholic liver disease.
- Hepatic coma occurs in end-stage liver disease, when the liver can no longer filter the blood effectively. Hepatic encephalopathy is not synonymous with hepatic coma.
- Code all manifestations and comorbidities with liver disease.
- **Only chronic forms of hepatitis risk-adjust. Why?**


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# Malnutrition: A&P

- **Protein calorie malnutrition:** Not eating enough nutritious food.
  - May be mild, moderate, or severe
- **Cachexia:** Weight loss as a result of metabolic change in chronic disease (eg, cancer, dementia, AIDS).
- **What are some reasons why the Medicare population is at risk for malnutrition?**


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# Malnutrition: Coding

- Avoid codes for kwashiorkor. These codes describe conditions seen in children in impoverished countries and are not appropriate for adults.
- “Cachexic” is a descriptor, not diagnosis.
- Code also the BMI with weight-related diagnoses, if available.
- **A patient with advanced esophageal cancer has severe malnutrition and a BMI of 16.3. How is this coded?**


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# Migraine: A&P and Coding

- A severe, recurrent headache, sometimes with aura or vomiting.
- “Intractable” means medications don’t help much.
- Code selection is based on documentation.
- When linked to an underlying condition (eg, seizure, cerebral infarct), also code the underlying condition.
- **What kind of a migraine is a cluster headache?**


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# Motor Neuron Disease: A&P and Coding

- **Motor neuron diseases:** Irreversible nerve cell destruction, as seen in ALS (Lou Gehrig's disease).
- **Myoneural junction diseases:** Muscles weaken due to a defect in the nerve signal, which may be temporary or go into remission, as seen in myasthenia gravis or Guillain-Barre syndrome. These are usually autoimmune disorders.
- **What should we remember when reporting these disorders?**


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# Multiple Sclerosis: A&P and Coding

- Multiple sclerosis (MS)
  - With MS, the sheaths protecting nerve fibers are stripped, and the nerves are subjected to inflammation and scarring. Scars disrupt the neural impulses.
  - Severity of MS, like motor neuron disease, is varied; manifestations must be abstracted in addition to the code for the etiology.
  - MS often has bouts of exacerbation and of remission. Remission does not mean the MS does not exist; it is not a curable condition.
  - **How would you code dementia due to MS?**


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# Muscular Dystrophy: A&P

- Muscular dystrophy (MD)
  - A genetic disorder usually diagnosed in childhood with progressive weakness and loss of muscle mass
  - Almost exclusively a male disorder
  - Affects ambulation and all coordination (eg, communication)
  - Chronic and incurable progressive condition
  - In some mild cases, not diagnosed until the patient is 40 or older


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# Muscular Dystrophy: Coding

- Report manifestations in addition to the MD (eg, pressure ulcer, wheelchair dependence, torticollis, joint contracture, dysarthria, scoliosis, or developmental delay).
- Differentiate between joint contracture and muscle contracture.
- Look for complications of care (eg, long-term use of oral steroids can lead to early osteoporosis in MD patients) and query the physician if links are not obvious.
- *Cautionary note:* Myotonic dystrophy types 1 and 2 are sometimes noted as DM1 and DM2, which are easily mistaken for diabetes diagnoses. Look at the context of the note for clarity, or query the physician.


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