Risk Adjustment Documentation & Coding

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CHAPTER 4

Clinical Documentation Integrity and Coding

PART 4: TOPICS Q-V

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Renal Disorders: A&P

- Kidneys filter waste from blood, and this waste is passed as urine.
- Microscopic filtration system can be damaged by high blood pressure, diabetes, infection, or injury.
- Kidney failure may be acute or chronic; both risk-adjust.
    - Acute is reversible; chronic is not.
- Chronic disease is valued as stages 1-5 or as end-stage renal disease (ESRD) with dialysis.
    - Removal of waste extracorporeally
    - ESRD also treated with transplant

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Renal Disorders: Coding

- Causal relationships are assumed between chronic kidney disease (CKD) and diabetes, and between CKD and hypertension (HTN).
  - If a patient has both diabetes and HTN, link the CKD to both conditions unless documentation states otherwise.
  - Do not link CKD to HTN if the patient has congenital polycystic kidney disease. Instead, link it to the polycystic disease.
- Do not assign CKD codes based on GFR. The physician must document the stage of CKD.
- Document organ transplant and dialysis status, as appropriate.

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Seizure and Epilepsy: A&P

- The brain converts electrical impulses into sensory/motor images. In seizure, the patient has uncontrolled electrical activity.
  - **Seizure:** Fever, hormones, hypoglycemia
  - **Epilepsy (recurrent seizure):** Brain injury, stroke
    - Epilepsy may be a localized error (focal) or affect both sides of the brain
  - Epilepsy usually controlled with medication
    - **Status epilepticus:** Multiple seizures without regaining consciousness in-between
    - **Intractable:** Not fully suppressed by medication

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Seizure and Epilepsy: Coding

- Report intractable epilepsy for epilepsy that is poorly controlled, uncontrolled, treatment resistant, refractory, or pharmacoresistant.
- Use the Index and the language in the documentation.
- Recurrent seizures are classified as *epilepsy*.
- Code also any long-term use of drugs and any sequela of seizure.
- **Code this:**
  - **Somatomotor epilepsy with status epilepticus**

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Septicemia and SIRS: A&P

- Life threatening, complex systemic conditions:
  - **Sepsis:** An immune response to infection causing 250,000 deaths in the United States each year
  - **Systemic Inflammatory Response Syndrome (SIRS):** An immune response to injury or illness (non-infective; eg, malignant neoplasm or pancreatitis); less common than sepsis
- Clinical definitions are evolving; follow documentation as written in the record.

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Septicemia and SIRS: Coding

- Report organ failure in addition to the code for sepsis/SIRS.
- Urosepsis cannot be coded and is not sepsis.
- For sepsis, report the underlying systemic infection and report code A41.9 *Sepsis, unspecified organism,* if the pathogen is not identified.
- Report a code for severe sepsis only if acute organ failure is documented to be caused by the sepsis.
- Report code A41.89,*Other specified sepsis for viral sepsis.*

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Skin Ulcers: A&P

- Skin ulcers arise from ischemia.
  - Poor blood flow to pressure points in a bedridden or chair-dependent patient (eg, pressure/decubitus ulcers)
  - Poor blood flow in extremities of patients with atherosclerotic arteries or venous disease (eg, chronic skin ulcers, diabetic ulcers)
  - Infections or traumatic wounds that are slow to heal, as seen in some diabetic patients
- Stages/depths of ulcers correspond to severity.
  - Healing ulcers do not replace muscle, fat, or fascia lost.

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Skin Ulcers: Coding

- Do not confuse ICD-10-CM ulcer stages/grades with other classifying systems.
- Ulcer must be documented by an acceptable provider; others can document the depth of the ulcer.
- Code the ulcer documented by the physician even if the ulcer is documented as “healing.”
- “Unstageable” means the ulcer cannot be viewed to stage it; “unspecified stage” means the stage is not noted.
- **Code this:**
    - **Stage 3 pressure ulcer of back and buttock in a patient with multiple sclerosis**

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Skin Burns: A&P and Coding

- Burns are damage or destruction of integumentary tissue or deeper.
- Burns are caused by heat (except sunburn) or corrosion (chemical burn, including ingestion), and indexed as “burn” or “corrosion.”
- Report burns by site, degree, and total body area that is third degree. Sometimes, multiple codes are required.
- Report external cause code to describe burn circumstances.
- **Code this:**
    - **Campfire burn, left elbow, second degree, initial encounter**

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Stoma Status: A&P

- Ostomy bypasses normal functions: Swallowing, urination, eating, defecation, breathing.
- 130,000 performed every year; 750,000 people in the United States live with stomas.
- Stomas are coded according to the site. All stomas risk-adjust, regardless of whether it’s permanent or temporary.
- **What might cause a patient to need a temporary stoma?**

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TABLE 4-4.4 Artificial Opening (Stoma) Status

CODE	DESCRIPTION
Z93.1	Gastrostomy status
Z93.2	Ileostomy status
Z93.3	Colostomy status
Z93.4	Other artificial openings of gastrointestinal tract status
Z93.50	Unspecified cystostomy status
Z93.51	Cutaneous-vesicostomy status
Z93.52	Appendico-vesicostomy status
Z93.59	Other cystostomy status
Z93.6	Other artificial openings of urinary tract status
Z93.8	Other artificial opening status
Z93.9	Artificial opening status, unspecified

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Thyroid Disorders: A&P and Coding

- Thyroid hormones can be destroyed by autoimmune processes or eliminated by thyroidectomy.
  - Easily replaced with hypothyroid medication
- Without hormones, the patient becomes mentally and physically sluggish or slower, easily fatigued, loses hair, and gains weight.
- Goiter is hypertrophic thyroid as the thyroid tries to increase production of hormones.
- Hyperthyroid is too much thyroid hormone.
  - Causes Grave's disease, nervousness, weight loss, "thyrotoxicosis"

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Transplant Status: A&P

- Transplanted organs are viewed by the body as a threat.
  - Require immunosuppressants
- Transplanted organ status always affects the care of the patient.
  - Immune system considerations and underlying disease that led to organ failure
- All organ transplants risk-adjust for RxHCCs, and major organs risk-adjust for HCCs.

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Transplant Status: Coding

- A malignant neoplasm of a transplanted organ is a type of transplant complication. Report the complication and the malignancy.
  - No need to report redundant status-code for transplant with transplant-complication code
  - Patient with CKD is a patient with a kidney transplant but is not necessarily a complication. Review the documentation to see if it is so stated.
- **Code this:**
  - **Rejection of a transplanted-pancreas patient who has undergone a kidney-pancreas transplant**

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Trauma, Head: A&P

- Traumatic brain injury (TBI) patients are more at risk than other patients, and Medicare patients are twice as likely to experience TBI than the general population.
- Cerebral edema (swelling) threatens to cause ischemia in the brain following a head injury because the skull does not expand in adults.
- Site of injury determines symptoms and sequela.

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Trauma, Head: Coding

- Coding for a brain injury may involve several codes: Skull injury, intracranial injury, open wound, coma status, and seizure.
- Report concussion with loss of consciousness of greater than 30 minutes with S06.0X9-, *Concussion with loss of consciousness of unspecified duration,* according to the AHA's *Coding Clinic*. Other concussion codes identify concussion without loss of consciousness, or concussion with loss of consciousness of 30 minutes or less.

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Trauma, Hip: A&P

- **“Hip” fracture:** A fracture of the upper portion or neck of the femur, as a result of trauma/impact or osteoporosis.
  - The femur is largest bone in the body.
  - Acute condition risk-adjusts because recovery time for aged or infirm patient is significant.
  - One year mortality is between 12% and 50%.
- **Why would hip fracture increase patient mortality?**

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Trauma, Hip: Coding

- A radiology report signed by a physician can be used to add further specificity to a femur fracture diagnosis.
- Don’t immediately go to category S72, *Fracture of femur,* to find your code. Use the Alphabetic Index because femur fracture codes can be found in several categories:
  - M80 Osteoporosis with fracture (pathological fracture)
  - M84 Pathological fracture (fracture due to stress, neoplasm, or other disease)
  - S72 Fracture of femur (most traumatic femur fractures)
  - S79 Other and unspecified injuries of hip and thigh (traumatic growth-plate fracture)
- **Code this:**
  - **Emergency room encounter for transcervical fracture of the right femur**

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Vascular Disease: A&P

- **Arteries:** High pressure from heart; thick walls
  - Lipids from blood may form plaque on arterial walls
- **Veins:** Low pressure from ambulation; thin walls and valves to prevent backflow
  - Pooled blood can lead to development of clots that can travel to heart, lungs, and brain
- 900,000 venous thrombosis patients in the United States each year; 25% end up as pulmonary embolisms
  - Deep vein thromboses account for 90% of pulmonary embolisms, which cause 25,000 deaths each year

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Vascular Disease: Coding

- Code the highest level of dysfunction in atherosclerosis. From lowest to highest, the dysfunctions are:

  Intermittent claudication. Do not report intermittent claudication if there is:

  Rest pain. Do not report rest pain if there is:

  Ulceration. Do not report ulceration if there is:

  Gangrene.

- Intermittent claudication documented without mention of atherosclerosis is reported with code I73.9, *Peripheral vascular disease, unspecified.* With atherosclerosis, report code I70.21*, Atherosclerosis of native arteries of extremities with intermittent claudication.*

- Abstract an aneurysm anytime it is monitored routinely in a physical examination.

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