Monthly Coding Knowledge College Q&A:

January Topic: Cancer

Q. How long is brachytherapy for prostate cancer considered active treatment?

A. The length of time to which treatment would be considered active depends on the type of treatment being used. Please see below.

- Permanent: Slow emission over time and become inactive after 10 months
- External: Typically completed in about 7.5 weeks of treatment

Resource Link: https://my.clevelandclinic.org/health/treatments/5566-permanent-radioactive-seed-implants-what-are-they-how-do-they-work

February Topic: Heart Health

Q. If a patient has hypertensive heart disease and heart failure, do you recommend using the Hypertensive HF and a separate HF diagnosis?

A. The ICD-10 2021 Coding Guidelines state "Hypertension with heart conditions classified to I50.-or I51.4-I51.7, I51.89, I51.9, are assigned to a code from category I11, Hypertensive heart disease. Use additional code(s) from category I50, Heart failure, to identify the type(s) of heart failure in those patients with heart failure.

The same heart conditions (I50.-, I51.4-I51.7, I51.89, I51.9) with hypertension are coded separately if the provider has documented they are unrelated to the hypertension. Sequence according to the circumstances of the admission/encounter.

Resource Link: https://www.cms.gov/files/document/2021-coding-guidelines-updated-12162020.pdf
ICD-10CM (2021) ICD-10 Official Coding Guidelines for Coding and Reporting FY 2021. Page g15.

Q. If the patient has unstable angina in the hospital, do you resolve this once discharged being seen in the outpatient space?

A. In the inpatient setting unstable angina that does not evolve into an MI, it would be coded as unstable angina. Classify the angina correctly based on clinical presentation.

Q. Can you confirm that CAD without angina does not carry an HCC while atherosclerosis with angina does.

A. This answer requires a two-part response. The first part is addressing atherosclerosis. Coronary atherosclerosis or atherosclerotic heart disease (I25- category) is not synonymous with atherosclerosis of the aorta (I70- category), so be sure you are selecting the correct diagnosis. This involves review of additional testing (x-rays, CT, ECHO to determine if calcifications within the aorta are noted).

The second part addresses the addition of the angina. Coronary atherosclerosis (I25- category) does not carry a risk value unless there is associated angina while atherosclerosis of the aorta (I70- category) does risk adjust, even in the absence of angina. You should always select the diagnosis code that is the most specific for the representation of the current condition(s) the patient has.

Resource Link: https://www.cms.gov/files/document/2021-coding-guidelines-updated-12162020.pdf ICD-10CM (2021) ICD-10 Official Coding Guidelines for Coding and Reporting FY 2021.

Q. Do either hyperlipidemia, familial hyperlipidemia or high cholesterol diagnoses risk adjust?

A. None of the diagnoses in the hyperlipidemia family map to a CMS-HCC. They do however map to the RX-HCC, which is not the same as the CMS-HCC risk score.

March Topic: Kidney Disease and Hepatitis:

Q. It is not uncommon to have a patient who has CKD stage 3a for at least 3 months and then with improvement of their blood pressure or diabetes their GFR improves - are we to continue to code the Stage 3a CKD diagnosis.

A. The stage of CKD is based on how well the kidneys can filter waste and extra fluid. Staging of CKD should be based on current patient assessment and lab values. If values change throughout the year, the staging should be coded based on the supporting documentation. Clues to kidney disease are lab results, imaging studies and past medical/surgical history. According to the Nation Kidney Foundation Kidney Disease Outcomes Quality Initiative (NKF KDOQI) guidelines, CKD is classified based on Cause, GFR, and Albuminuria. CKD stage 3 is separated into two stages: 3a - GFR between 45 and 59 and stage 3b - GFR between 30 and 44. Coding assignment is based on the providers documentation to determine code specificity.

Resource Link:
https://www.kidney.org/professionals/explore-your-knowledge/how-to-classify-ckd

https://www.cms.gov/files/document/2021-coding-guidelines-updated-12162020.pdf ICD-10CM (2021) ICD-10 Official Coding Guidelines for Coding and Reporting FY 2021.

Q. If a patient has diabetes with microalbuminuria for over a year and then with the utilization of certain medication or improvement in diabetes control there is improvement /resolution of microalbuminuria are we still to use the diagnosis DM with microalbuminuria.

A. To answer the first part of this question, "DM with microalbuminuria" is not a valid diagnosis as microalbuminuria is an abnormal lab finding, not a diagnosis. The provider needs to interpret the abnormal value into a diagnosis (i.e. nephropathy, renal complication, CKD) to code the appropriate manifestation of diabetes. GFR and microalbuminuria may improve but may not resolve CKD itself. The goal of medication/treatment is to decrease the progression of the renal disease/CKD. Monitoring labs and other diagnostic testing depends on disease severity and risk of progression. Documentation should support staging, as medications are being monitored for effectiveness of disease regression or progression, update CKD staging accordingly.

Resource Links:
https://www.kidney.org/sites/default/files/docs/ckd_evaluation_classification_stratification.pdf

https://www.kidney.org/professionals/explore-your-knowledge/how-to-classify-ckd

April: Substance Use Disorders

Q. If a physician documents "Tobacco use" but then says a patient is a "current everyday smoker" is it appropriate to use Tobacco Dependence or should we use the Z72.0 for Tobacco use?

A. Differentiating between Tobacco use and dependence would need to be determined on a case-by-case basis and using clinical judgement. Use is not habitual. Abuse is habitual but not physically or mentally dependent. Dependence is a lifelong diagnosis associated with tolerance, withdrawal, cravings to use, failure to quit and/or other associated factors.

Q. Can you help explain what makes a person in remission or partial remission and is that with taking meds and no symptoms?

A. The term "remission" is associated with low or absent symptoms, representing the end of an immediate episode. Symptoms improving partially, leaving some residual symptoms which fluctuate would be consistent with "partial remission." Remission can still be used if patient is still receiving treatment to reduce the risk of further episodes. This would need to be reviewed on a case-by-case basis and determined with clinical judgement. ICD-10-CM does not associate alcohol or substance use, abuse and dependence with partial remission but does reference early remission and sustained remission.

Examples of remission codes for alcohol or substance abuse in remission are:

F10.21-Alcohol dependence, in remission

Alcohol use disorder, moderate, in early remission

Alcohol use disorder, moderate, in sustained remission

Alcohol use disorder, severe, in early remission

Alcohol use disorder, severe, in sustained remission

F19.21- Other psychoactive substance dependence, in remission

Other (or unknown) substance use disorder, moderate, in early remission

Other (or unknown) substance use disorder, moderate, in sustained remission

Other (or unknown) substance use disorder, severe, in early remission

Other (or unknown) substance use disorder, severe, in sustained remission

Q. There are times when multiple diagnoses are listed on the patient's problem list (example: opiate use, opiate dependence, opiate abuse). Should the ones that are not accurate be removed?

A. Yes, problem lists should be kept up to date. Inaccurate diagnosis should be removed so that the patient's medical record is as accurate as possible.

References:

AAPC. (2021). *Medical Coding-Medical Billing-Medical Auditing*. AAPC.Com. https://www.aapc.com/

American Psychiatric Association. (2021). *As Ordered in the ICD-10-CM Classification*. Psychiatry.Org. https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm-5/coding-updates/as-ordered-in-the-icd-10-cm-classification

GENERAL QUESTIONS:

Q. Any tricks or words of caution that makes a difference between HCC weight and not?

A. The ICD 10 CM coding guidelines states, “Code assignment is based on the documentation by patient’s provider (i.e. physician or other qualified healthcare practitioner legally accountable for establishing the patient’s diagnosis)”. All providers are instructed to review all information they have available regarding patient care to determine the most specific and accurate diagnosis that represents the correct level of condition severity.

Resource Link: https://www.cms.gov/files/document/2021-coding-guidelines-updated-12162020.pdf
ICD-10CM (2021) ICD-10 Official Coding Guidelines for Coding and Reporting FY 2021. Page 6.